



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

For Office Use Only

-FILED-

File #: 0003330279

Date Filed: 10/16/2018 3:07:00 PM

1. The name of the entity is: Insurance Wholesale Solutions, LLC

2. The name which it shall use in Idaho is: _____

(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust

Other: _____

(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Michigan

(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:

5664 Prairie Creek Drive, Caledonia, MI 49316

(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:

(Address)

8. The name of the registered agent and street address of registered agent in Idaho:

Corporation Service Company, 12550 W. Explorer Drive, Suite 100, Boise, ID 83713

(Name)

(Address)

9. The name, capacity, and mailing address of at least one governor:

Acrisure MGA, LLC

(Name)

Manager

(Capacity)

5664 Prairie Creek Drive, Caledonia, MI 49316

(Address)

(Name)

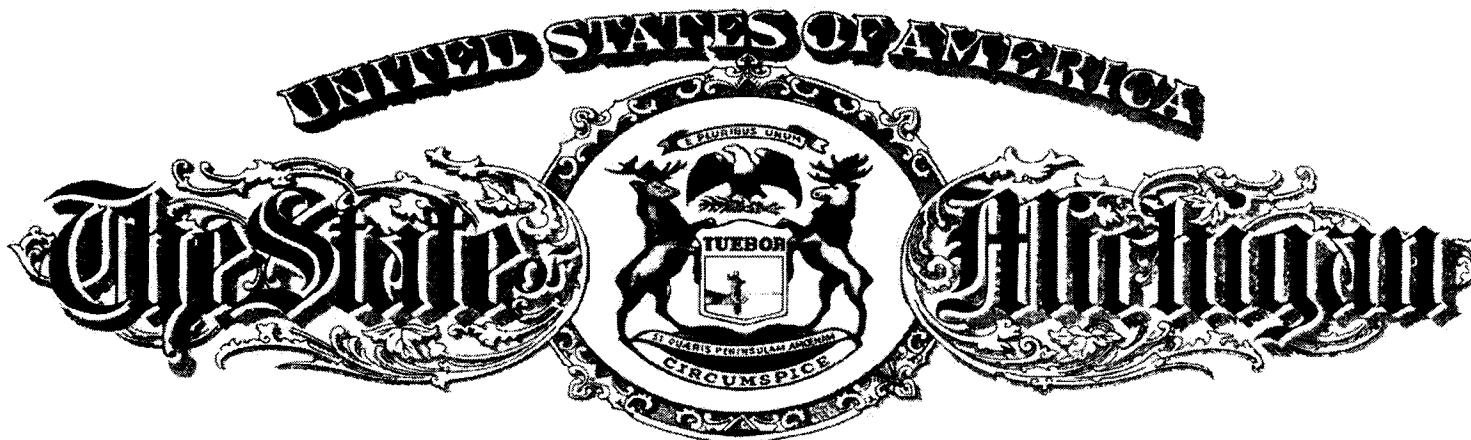
(Capacity)

(Address)

Signature: Adam C. Reed

Typed Name: Adam C. Reed

Capacity: Manager



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

INSURANCE WHOLESALe SOLUTIONS, LLC

*was validly authorized on September 24, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY.
and said limited liability company is validly in existence under the laws of this state and has satisfied its
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit
given it in every court and office within the United States.*



*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 15th day of October, 2018.*

A handwritten signature in black ink, appearing to read "Julia Dale".

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 18108564740

Verify this certificate at: URL to eCertificate Verification Search <http://www.michigan.gov/corpverifcertificate>.