

State of Idaho

Office of the Secretary of State

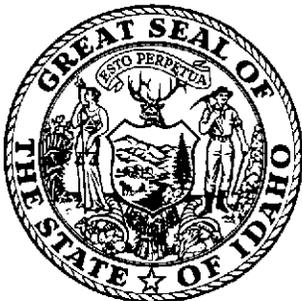
**CERTIFICATE OF REGISTRATION
OF
AUTO-OWNERS INSURANCE COMPANY**

File Number C 212164

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 22, 2016



Lawrence Denney
SECRETARY OF STATE

By *My Denney*

202



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2016 DEC 22 PM 2:10

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Auto-Owners Insurance Company

2. The name which it shall use in Idaho is: Auto-Owners Insurance Company

3. Select the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)

- Business Corporation
- Nonprofit Corporation
- Limited Liability Partnership
- Limited Liability Company
- General Partnership
- General Cooperative Association
- Limited Partnership (Including a limited liability limited partnership)
- Statutory Trust, Business Trust, or Common-law Business Trust

Other: Mutual Insurance Company
(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:
6101 Anacapi Blvd, Lansing, MI 48917
(Street Address)
PO Box 30660, Lansing, MI 48909
(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. Name and street address of registered agent in Idaho:
CT Corporation System 921 S. Orchard Street - Suite G, Ada County, Boise, ID 83705
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor:
Thomas E. Froman AVP 6101 Anacapi Blvd, Lansing, MI 48917
(Name) (Capacity) (Address)
Thomas E. Froman AVP 6101 Anacapi Blvd, Lansing, MI 48917
(Name) (Capacity) (Address)

Typed Name: Thomas E. Froman

Signature: *Thomas E. Froman*

Capacity: Assistant Vice President

Secretary of State Use Only

IDAHO SECRETARY OF STATE
12/22/2016 05:00
CK: 4445746 CT: 172099 BH: 1560666
10 100.00 = 100.00 FOR REG ST #2
10 20.00 = 20.00 EXPEDITE C #3

C212169

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

I, Judith A. Weaver, Senior Deputy Director of the Department of Insurance and Financial Services, State of Michigan, do hereby certify the records of this office reflect.

Auto-Owners Insurance Company

6101 Anacapt Boulevard, Lansing, MI 48917-3999 is licensed as an insurance company in the state of Michigan and is duly authorized to transact business under its license, pursuant to the provisions of applicable statutes of this State and is in good standing with the state of Michigan.



SIGNED AND SEALED this 15th day of
December, 2016 at Lansing, Michigan



Judith A. Weaver
Senior Deputy Director