State of Idaho

Office of the Secretary of State

CERTIFICATE OF AUTHORITY

OF

SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.

File Number C 185683

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, 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 Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 4, 2010



Ben youra

SECRETARY OF STATE



APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit) (Instructions on Back of Application)

	(10 JAN -4 PM 12:
The undersigned Corpora	ation applies for a Certificate of Authority a	
The name of the corp	poration is:	STATE OF IDAHO
Sullivan Brokers	Wholesale Insurance Solutions, I	nc.
2. The name which it sh	all use in Idaho is: Sullivan Brokers	Wholesale Insurance Solutions, Inc.
3. It is incorporated und	ler the laws of: California	· · · · · · · · · · · · · · · · · · ·
4. Its date of incorporat	ion is: 3/17/1982	
5. The address of its pr	incipal office is:	
800 W. 6th Stree	et, #1800 Los Angeles, CA 90017	7
6. The address to whicl Same	n correspondence should be addressed, i	f different from item 5, is:
7. The street address o	f its registered office in Idaho is:, 1113	W. Jefferson, 530 ID 83702
		Corporation System
8. The names and resp	ective business addresses of its directors	and officers are:
Name	Title	Business Address
Gerald J Sullivan	Chairman/Director	800 W 6th St., #1800 LA, CA 90017
Peter H Germain	Vice Chairman/Directo	or 800 W 6th St., #1800 LA, CA 90017
Paul D. Cunningha	m CFO	800 W 6th St., #1800 LA, CA 90017
Barbara N Reilly	Secretary/Vice Pres.	800 W 6th St., #1800 LA, CA 90017
Edward Masannet	Asst. V.P.	800 W 6th St., #1800 LA, CA 90017
	·	
Dated:		Customer Acct # :
·	(0- ~	(if using pre-peld account) Secretary of State use only
Signature: <u>Bulla</u>	we see	IDAHO SECRETARY OF STATE 8 2 8 9 1/94/2019 95 209
Typed Name: Barbara	N Reilly	IDAHO SECRETARY OF STATE

Secretary/Vice President

[The signer must be a director or an officer of the corporation.]

Capacity:

CK: 2685 CT: 202375 BH: 1201747 1 0 100.00 = 100.00 AUTH PRO # 2 1 0 20.00 = 20.00 EXPEDITE C # 3

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State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.

FILE NUMBER:

C1068576

FORMATION DATE:

03/17/1982

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 29, 2009.

> **DEBRA BOWEN** Secretary of State