# State of Idaho

Office of the Secretary of State

#### **CERTIFICATE OF REGISTRATION**

OF

### ASSOCIATED INSURANCE MANAGEMENT, LLC

File Number W 201911

I, LAWERENCE 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: April 30, 2018

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SECRETARY OF STATE

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### FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 APR 30 AM 10: 16

SECRETARY OF STATE STATE OF IDAHO

1.	The name of the entity is: Associated Insurance Management, LLC				
2.	The name which it shall use in Idaho is:				
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 ☐ General Partnership				
	☐ Nonprofit Corporation	☐ General Cooperative Association			
	Limited Liability Partnership  Limited Partnership (Including a limited liability limited partnership				
	☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust				
	□ Other:				
	(Use "Other" only if your foreign entity type is <u>not</u> listed above, and enter the type here.)				
4.	Jurisdiction of formation: Maryland  (Provide the domestic jurisdiction where the entity was formed)				
5.	The address of its principal office is:				
•	1300 Spring St., Ste. 300, Silver Spring, MD 20910				
	(Street Address)				
	1300 Spring St., Ste. 300, Silver Spring, MD 20910				
	(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, Ste. 100, Boise, Idaho 83713				
	(Name) (Address)				
9.	The name, capacity, and mailing address of at least one governor:				
		Manager 1300 Spring St., Ste. 300, Silver Spring, MD 20910			
		(Capacity)	(Address)	, 510.	500, Shiver Spring, ND 20710
	(Name)	(Capacity)	(Address)	<del></del>	
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:	Signature:			l as	04/30/2018 05:00
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Typed Name: Leonard P. Marinaccio					16 100.00 = 100.00 FOR REG ST #2
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Rev. 11/2015

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ASSOCIATED INSURANCE MANAGEMENT, LLC (W18466011), REGISTERED DECEMBER 26, 2017, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 17, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: **66gD39R1(Uerl1o-NHpUQg** To verify the Authentication Code, visit http://dat.maryland.gov/verify