



Application for Authority to Transact Business - Foreign Limited Liability Company

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - sos.oregon.gov/business Phone: (503) 975-3200

FILED

JAN 04 2018

1393519-93

REGISTRY NUMBER: \_\_\_\_\_
For office use only

OREGON SECRETARY OF STATE

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME: AssuredPartners of California Insurance Services, LLC

NOTE: (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.") Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION \_\_\_\_\_

OR: CERTIFICATE OF EXISTENCE [X] (ATTACHED)

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office.)

1127 Broadway Street NE, Suite 310

Salem, OR 97301

3) DATE OF ORGANIZATION: 10/11/2017 DURATION, IF NOT PERPETUAL: \_\_\_\_\_

8) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS:

1114 State Street Ste 254

Santa Barbara, CA 93101

4) STATE OR COUNTRY OF ORGANIZATION:

California

9) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

c/o Herbert L. Jamison & Co., LLC 20 Commerce Dr., Ste 200

Cranford, NJ 07016

5) THIS FOREIGN LIMITED LIABILITY COMPANY SATISFIES THE REQUIREMENTS OF ORS 63.714(3).

10) HOW WILL THIS LIMITED LIABILITY COMPANY BE MANAGED?

6) NAME OF OREGON REGISTERED AGENT:

Corporation Service Company

- [ ] This LLC will be member-managed by one or more members.
[X] This LLC will be manager-managed by one or more managers.

11) EXECUTION: (At least one member or manager must sign.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

[Handwritten Signature]

Printed Name:

Dean Curtis

Title:

EVP

CONTACT NAME: (To resolve questions with this filing.)

Steve Lawrence

PHONE NUMBER: (Include area code.)

973-669-2301

FEES

ASSUREDPARTNERS OF CALIFORNIA I



139351993-18652843

NEWAUT