

**STATE OF DELAWARE  
CERTIFICATE OF FORMATION  
OF LIMITED LIABILITY COMPANY**

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Accretive Individual Choice Insurance Solutions, LLC.
  
2. The Registered Office of the limited liability company in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company.

By: Lesli P. Whisenant  
Authorized Person

Name: Lesli P. Whisenant, Senior Vice President  
Print or Type



# Delaware

The First State

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*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF FORMATION OF "ACCRETIVE INDIVIDUAL  
CHOICE INSURANCE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE  
TWENTY-SEVENTH DAY OF JULY, A.D. 2023, AT 12:38 O`CLOCK P.M.*



  
Jeffrey W. Bullock, Secretary of State

7593231 8100  
SR# 20233098309

Authentication: 203840045  
Date: 07-27-23

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)