

COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings	Certificate of Authority			FBE
PO Box 718	(Foreign Business Entit	(y)		
Frankfort, KY 40602		5.0		
(502) 564-3490 www.sos.ky.gov				
				the site to the control by the site of the
Pursuant to the provisions of KRS 14A a on behalf of the entity named below and,			iereby applies for au	thority to transact business in Kentucky
1. The entity is a: profit corpo	oration (KRS 271B). nonprofit co	orporation (KRS 273).	professio	nal service corporation (KRS 274).
		ity company (KRS 27		nal limited liability company (KRS 275).
	tnership (KRS 362).			
Howard	NA Insurance Services Inc.			
2. The hame of the entity is	est be identical to the name on record with	the Secretary of State.	.)	
3. The name of the entity to be used in h	(entucky is (if applicable):			
	(Only provide i	if "real name" is unava	ilable for use; otherwi	se, leave blank.)
4. The state or country under whose law	the entity is organized is Delaware			
5. The date of organization is 11/22/2	010	nd the period of dura	tion is	
5. The date of organization is	a	nd the period of dura	(If I	left blank, the period of duration
6. The mailing address of the entity's pri	ncipal office is			is considered perpetual.)
1 State Street Plaza, 9th Flo		New York	NY	10004
Street Address		City	State	Zip Code
7. The street address of the entity's regis		Lautautlla	L/V	40202
101 North Seventh Street		Louisville	KY	40202
Street Address (No P.O. Box Numbers)	011 4	City	State	Zip Code
and the name of the registered agent at	hat office is 3H Agent Services	i, Inc.		
8. The names and business addresses of			rs. managers, trustee	es or general partners):
The state of the s	1 State Street Plaza,9th FL		NY NY	10004
	Street or P.O. Box	City	State	Zip Code
Andrew Behrends	1 State Street Plaza,9th FL		NY	10004
	Street or P.O. Box	City	State	Zip Code
Devin Taylor	1 State Street Plaza,9th FL	New York	NY	10004
Name ****SEE ATTACHED ADDITIONAL DIRE	Street or P.O. Box	City	State	Zip Code
9. If a professional service corporation, all the indimore states or territories of the United States or D	vidual shareholders, not less than one half (1/2)	of the directors, and all of ce described in the statem	the officers other than the ent of purposes of the cor	secretary and treasurer are licensed in one or poration.
10. I certify that, as of the date of filing th	is application, the above-named entity	validly exists under th	e laws of the jurisdic	tion of its formation.
11. If a limited partnership, it elects to				
12. If a limited liability company, check				
This application will be effective upon The effective date or the delayed effective.	filing, unless a delayed effective date a			
1	1	Taylor, Secre		(Delayed effective date and/or time)
Signature of Authorized Representative	Devii	Printed Name & Title		Date
Signature of Authorized Representative		. Timed Hame & Tide		
L Elizabeth Harker	. cons	ent to serve as the re	gistered agent on be	half of the business entity.
Type/Print Name of Registered Agent	ļ	AND REAL PROPERTY OF THE PROPE		, ,
Illand Han	/ Elizabeth Hai	rker	President	4/12/17
Signature of Registered Agent	Printed Name		Title	Date

(09/15)

Howard NA Insurance Services Inc.

Schedule of Directors

NAME	ADDRESS			
Marc Kunney	1 State Street Plaza, 9th Floor, New York, NY 10004			
Ruth Kilduff	60 South Street, Suite 800 Boston, MA 02111			



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOWARD NA INSURANCE SERVICES INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D.

2017.

AND SECOND SECON

Authentication: 202369054

Date: 04-12-17