

## CERTIFICATE OF RENEWAL OF ASSUMED NAME

Form Revision Date 07/2016

For use by DOMESTIC PROFIT CORPORATION

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned execute the following Certificate:

| 1. The identification number assigned by the Bure  | eau is:                      | 800102679                     |
|--|------------------------------|-------------------------------|
| 2. The name of the profit corporation is:  |                              | MEADOWBROOK, INC.             |
| 3. The assumed name under which business is to be transacted is:   | MEADOWBROOK INSURANCE AGENCY |                               |
| 4. The registration of the assumed name is extended for a period expiring on December 31st of the fifth full calendar year following the year in which this renewal is filed, unless sooner terminated.  |                              |                               |
| This document must be signed by an authorized officer or agent (corporations); a member, manager, or an authorized agent (limited liability companies); or by a general partner (limited partnerships):  |                              |                               |
| Signed this 19th Day of October, 2021 by:  |                              |                               |
| Signature  | Title                        | Title if "Other" was selected |
| Geoff Downer   | Authorized Agent             |                               |
|  |                              |                               |
| By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act. |                              |                               |

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS

## FILING ENDORSEMENT

This is to Certify that the CERTIFICATE OF RENEWAL OF ASSUMED NAME

for

MEADOWBROOK, INC.

*ID Number:* 800102679

to transact business under the assumed name of

MEADOWBROOK INSURANCE AGENCY

received by electronic transmission on October 19, 2021 , is hereby endorsed.

*Filed on* October 19, 2021 , by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Expiration Date: December 31, 2026



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 19th day of October, 2021.

Jenda '

Linda Clegg, Director Corporations, Securities & Commercial Licensing Bureau