

|  |  |       |            |        |        |
|--|--|-------|------------|--------|--------|
| 1.) CORPORATION NAME:<br><b>Vista Insurance Partners of Illinois, Inc.</b>   | DUE DATE: <b>12/31/2015</b>  |       |            |        |        |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1610536</b>   |       |            |        |        |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000 |
| CLASS  | AUTHORIZED   |       |            |        |        |
| COMMON   | 10,000   |       |            |        |        |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>IL</b>  |  |       |            |        |        |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 Summit Lake Drive  
4TH FLOOR

CITY/ST/ZIP: Valhalla, NY 10595

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|   |   |                                   |
|---|---|-----------------------------------|
|   | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: ALISON J RENNER<br>TITLE: CEO/PRES<br>ADDRESS: 6 W HUBBARD ST 4TH FL<br>CITY/ST/ZIP/CO: CHICAGO, IL 60610 |   |                                   |

|  |   |                                   |
|--|---|-----------------------------------|
|  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: ALISON J RENNER<br>TITLE: TREASURER<br>ADDRESS: 6 W HUBBARD ST 4TH FL<br>CITY/ST/ZIP/CO: CHICAGO, IL 60610 |   |                                   |

|   |   |  |
|---|---|--|
|   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ERNEST J NEWBORN II<br>TITLE: SECRETARY<br>ADDRESS: 555 PLEASANTVILLE ROAD<br>STE 160 SOUTH<br>BRIARCLIFF MANOR, NY 10510 |   |  |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|   |                                   |          |
|---|-----------------------------------|----------|
| /s/ ERNEST J NEWBORN II                             | ERNEST J NEWBORN II,<br>SECRETARY | 1/6/2016 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE  | DATE     |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.