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**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF ASSUMED BUSINESS NAME
of
SOUTH SHORE INSURANCE GROUP, INC.**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Certificate of Assumed Business Name of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

Following said transaction the entity named above will be doing business under the assumed business name(s) of:

FLEMING, BATES & BARBER INSURANCE

Indiana Secretary of State
Packet: 198504-787
Filing Date: 12/10/2010
Effective Date: 12/10/2010

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 DEC 14 PM 2:03
MICHAEL J. HANNA
RECORDER

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, December 10, 2010.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 10, 2010.



TODD ROKITA,
SECRETARY OF STATE

198504-787 / 2010121052885

AMOUNT \$ 16⁰⁰
CASH _____ CHARGE _____
CHECK # 12951
OVERAGE _____
COPY _____
NON - COM _____
CLERK RAM

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

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CERTIFICATE OF ASSUMED BUSINESS NAME

THIS CERTIFIES that the undersigned, SOUTH SHORE INSURANCE GROUP, ^{Inc.} an Indiana Corporation, f/k/a SMAGIN, Inc., is conducting and transacting business at 216 East Joliet Street, Crown Point, Indiana 46307, in Lake County, in the State of Indiana, under the name and style of FLEMING, BATES & BARBER INSURANCE, and that the name and the address of the principal Indiana office of said corporation is as follows, to-wit:

APPROVED
AND
FILED

[Signature]
IND. SECRETARY OF STATE

NAME

PRINCIPAL OFFICE ADDRESS

South Shore Insurance Group, Inc.

216 East Joliet Street, Crown Point, IN 46307

I hereby affirm that the foregoing is a true and complete statement of the Corporation's intent to employ and assume the above business name, as provided by resolution of the Directors and Shareholders.

[Signature]
Richard L. Smith, President

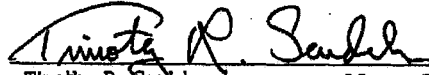
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State personally appeared Richard L. Smith, known to me to be President of the aforesaid corporation, who swore or affirmed that the representations contained in the aforesaid document are true this 9th day of December 2010.



Timothy R. Sendak, Notary Public

My Commission Expires: March 26, 2017
Resident of Lake County, Indiana

Pursuant to IC §36-2-11-15, I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Signature:  Date signed: December 9, 2010
Printed: Timothy R. Sendak

Mail recorded document to:

Sendak & Stamper
209 South Main Street
Crown Point, Indiana 46307

This document prepared by Timothy R. Sendak, Attorney at Law
209 South Main Street, Crown Point, Indiana 46307