

DATE: 11/20/2012

DOCUMENT ID 201232401040 DESCRIPTION DISSOLUTION (DIS)

COPY .00

Receipt

This is not a bill. Please do not remit payment.

THE INDEPENDENT INSURANCE AGENTS OF OHIO, INC. P. O. BOX 758 1330 DUBLIN ROAD COLUMBUS, OH 43216

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

860601

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

INSURANCE INSTITUTE SCHOOLS, INC.

and, that said business records show the filing and recording of:

Document(s)

DISSOLUTION

Document No(s):

201232401040



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of December, A.D. 2012.

Ohio Secretary of State



Form 561 Prescribed by: JON HUSTED Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following: Regular Filing (non expedite) P.O. Box 1329 Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Dissolution

(For-Profit, Domestic Corporation)
Filing Fee: \$50

	nformation.	. "	
ne corporation named l	below has adopted a res	olution of dissolution.	
Name of Corporation	Insurance Institute School	ols, Inc.	
Charter Number	860601		
ocation of Principal Offi	ice in Ohio		
Columbus		Franklin	Ohio
City		County	State
ne internet address of	each domain name held	or maintained by or on behalf of the corpo	ration:
ne internet address of	each domain name held	or maintained by or on behalf of the corpo	ration:

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Name Address City State Zip Code Please complete this section if the corporation is appointing a new agent. ACCEPTANCE OF APPOINTMENT The Undersigned, Statutory Agent Name Statutory Agent Name Insurance Institute Schools, Inc. Corporation Name Insurance Institute Schools, Inc. Corporation Name Individual Agent's Signature on behalf of Corporate Agent If the agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio resident. The date of dissolution if other than the filling date 12/31/2012 MM/DD/YYYY Note: The date of dissolution must be on the date of filling, or a later date that is not more than 90 days after the date	Name and address o	f the Statutory Agent.
Address City State Zip Code City State Zip Code City ACCEPTANCE OF APPOINTMENT The Undersigned, Scott R. Nein Statutory Agent Name Insurance Institute Schools, Inc. Corporation Name ereby acknowledges and accepts the appointment of statutory agent for said corporation. Individual Agent's Signature Individual value agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio resident. The date of dissolution if other than the filing date MM/DD/YYYY		
City State Zip Code ease complete this section if the corporation is appointing a new agent. ACCEPTANCE OF APPOINTMENT The Undersigned, Scott R. Nein Statutory Agent Name Insurance Institute Schools, Inc. Corporation Name Pereby acknowledges and accepts the appointment of statutory agent for said corporation. autuory Agent Signature Individual Agent's Signature/Signature on behalf of Corporate Agent Individual using a P.O. Box, check this box to confirm the agent is an Ohio resident. The date of dissolution if other than the filing date MM/DD/YYYY	Name	
ease complete this section if the corporation is appointing a new agent. ACCEPTANCE OF APPOINTMENT The Undersigned, Scott R. Nein ,named herein as the Statutory Agent Name atutory agent for, Corporation Name The energy acknowledges and accepts the appointment of statutory agent for said corporation. The individual Agent's Signature on behalf of Corporate Agent The agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio resident. The date of dissolution if other than the filling date MANDD/YYYYY	Address	
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atutory Agent Signature Individual Agent's Signature on behalf of Corporate Agent If the agent is an individual using a P.O. Box, check this box to confirm the agent is an Ohio resident. The date of dissolution if other than the filing date MM/DD/YYYY	atutory agent for,	Insurance Institute Schools, Inc.
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MM/DD/YYYY	☐ If the agent is a	n individual using a P.O. Box, check this box to confirm the agent is an Ohio resident.
	he date of dissolutio	12/31/2012
filing, pursuant to Ohio Revised Code section 1701.86(F)(7).		solution must be on the date of filing, or a later date that is not more than 90 days after the date
ursuant to Ohio Revised Code section 1701.87(E), a copy of the notice required by Ohio Revised Code ection 1701.87(B) must be attached to this filing.		

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Check only one box below and provide information	on as required:
1701.86(C), if an initial stated capital was not business, or if an initial stated capital is set fo	the Incorporators. Pursuant to Ohio Revised Code section set forth in the articles then before the corporation begins orth in the articles then before subscriptions to shares shall have ted capital, the incorporators or a majority of them may adopt, by plution. (138-DISI)
The names and addresses of all the incorporators m	ust be set forth below:
Name	Address
Name	Address
Name	Address
	the Directors . Pursuant to Ohio Revised Code section 1701.86 plution in the following cases, please check the box to state the n. (137-DISD)
The resolution of dissolution was adopted:	
When the corporation has been adjudged the creditors;	bankrupt or has made a general assignment for the benefit of
By leave of the court, when a receiver has which the affairs of the corporation are to be	been appointed in a general creditor's suit or in any suit in be wound up;
\subset When substantially all of the assets have b	peen sold at judicial sale or otherwise;
	failure to file annual franchise or excise tax returns or for failure or poration has not been reinstated or does not desire to be
	ration specified in its articles has expired.
O(2) The ordinary are bounded discounted to the O	4704 00/E)
 (3.) The articles are hereby dissolved by the Share (150-DISS) 	eholders pursuant to Ohio Revised Code section 1701.86(E).

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By signing and submitting this form to the O requisite authority to execute this document	Phio Secretary of State, the undersigned hereby certifies that he or she has the t.
Required When the resolution is adopted by the incorporators, the certificate shall be signed by not less than a majority of the incorporators.	Sud K- V Signature
In all other cases, the certificate shall be signed by any authorized officer, unless the officer fails to execute and file such a certificate within 30 days after the date upon which such certificate is to be filed. In the latter event, the certificate may be signed	By (if applicable) Scott R. Nein Print Name
by any three (3) shareholders or, if there are less than three (3) shareholders, all of the shareholders, form a statement that the persons signing the certificate are shareholders and are filing the certificate because of the failure of the officers to do so.	Signature By (if applicable)
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.	Print Name
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.	Signature By (if applicable) Print Name

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Complete	the	information	in this	section.
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AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (ORC section 1701.86(I)).

Insurance Institute Schools, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	11/15/2012	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight:	11/15/2012 Regular:
		P.O. Box 182413	P.O. Box 182413
	Agency	Columbus, OH 43218-2413 Date Notified	Columbus, OH 43218-2413
	Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229		

Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation. Signature President Scott R. Nein Name 1330 Dublin Road Mailing Address Columbus 43215 Ohio City State Zip Code Acknowledged before me and subscribed in my presence on Seal Commission Expires AMANDA FELL**ABAUM** Notary Public, State of Ohio My Commission Expires April 22, 2017

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Doc ID -->

Complete the information in this section.

AFFIDAVIT OF PERSONAL PROPERTY (ORC Section 1701.86(H)(1)) State of Ohio County of Franklin SS Scott R. Nein Name of Officer , being first duly sworn, deposes and says that she/he is President Insurance Institute Schools, Inc. Title of Officer Name of Corporation 1701.86 and this affidavit is made in compliance with section of the Ohio Revised Code. That said corporation has: (Check one (1) of the following) ⊠A. Has no personal property in any county in the State of Ohio ☐B. Has personal property in the following county(ies) and that the net assets of Said corporation are sufficient to pay all personal property taxes accrued to date. Title: President Acknowledged before me and subscribed in my presence on Seal AMANDA FELL<mark>ABAUM</mark> Notary Public, State of Ohio My Commission Expires April 22, 2017

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Expiration date of Notary Public's Commission Date

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April 22,201

NOTICE

Pursuant to ORC section 1701.86 E

"All claims shall be presented in writing and shall identify the claimant and contain sufficient information to reasonably inform the corporation of the substance of the claim. The mailing address to which the person must send the claim is: 1330 Dublin Road, Columbus, Ohio 43215. The corporation must receive the claim by January 15, 2013. The claim will be barred if the corporation does not receive the claim by the deadline. The corporation may make distributions to other creditors or claimants, including distribution to shareholders of the corporation, without further notice to the claimant."