Filing Fee: \$100.00	ID Number:
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

2007

LIMITED PARTNERSHIP

11:30

APPLICATION FOR CERTIFICATE OF REGISTRATION

11-2016

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Pursuant to the provisions of Section 7-13-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the state of Rhode Island and for that purpose submits the following statement:

1.	The name of the limited partnership is								
	(The name must contain	n the words "li	imited partnershi	p" or th	e lette	rs an	d punctu	ation "L.F	P.")
	and, if different, the name which it proposes to register ar	nd transact	t business in	the s	state	of	Rhode	Island	is:
2.	The limited partnership is organized under the laws of	S							,
3.	The general character of the business it proposes to transact insurance agency	in Rhode I	Island is:						
								-	
								(.	
4.	The name and address of the agent for service of process is	Registered	d Agent Solı	utions	, Inc				
	222 Jefferson Blvd., Ste. 200	(Name of Agent)							
	(Street Address, not P.O. Box)	Warwick	City/Town)		, RI	028		Code)	
	(Street Address, <u>Hot</u> F.O. Box)	(0	Dity/ FOWTH)				(21)	o Code)	
5. 6.	The foreign limited partnership hereby agrees that if the service of process or, if appointed, the agent's authority has with the exercise of reasonable diligence, the foreign limited of Rhode Island as its agent for service of process. The address of the office required to be maintain in the state required, of the principal office of the foreign limited partnersh	been revol	ked or if the pappoints th	agent e Sec	canr retar	ot b y of	e found State o	d or se of the S	rved State

Form No. 350 Revised: 12/05

7.	The name and business address of each	iness address of each general partner is:				
	General Partner Texas Wasatch Insurance	Business Address				
	Holdings Group, LLC	55 Main Street, Ste. 290, Colleyville, TX 76034				
8.	The address of the office at which is kept contributions, together with an undertakin limited partnership's registration in this sta 55 Main Street, Ste. 290, Collyeville, TX					
9.	A mailing address for the foreign limited pa	artnership is K 76034				
10.	As of the date of this filing, the foreign lim jurisdiction of its formation.	nited partnership validly exists as a limited partnership under the laws of the				
		Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Registration of a Foreign Limited Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.				
Dat	e 10 5 0 7	TEXAS WASAKM INSURANCE SURVES L.P. Print Exact Name of Limited Partnership Making Application				
		By Lindey Jenepton - Suretary of GP General Partner				

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



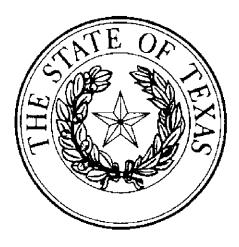
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Limited Partnership for Texas Wasatch Insurance Services, L.P. (file number 800259463), a Domestic Limited Partnership (LP), was filed in this office on October 17, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 10, 2007.



Phil Wilson Secretary of State

Pholiston

Phone: (512) 463-5555 Fax: (512) 463-5 Prepared by: Simona Dehoyoz TID: 10264 Dial: 7-1-1 for Relay Services Document: 185148910002