RI SOS Filing Number: 200812670970 Date: 07/30/2008 11:00 AM

Filing and License Fee: $310.00 minimum **ID Number:** _____

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Wells Fargo Insurance Services of Tennessee, Inc.
2. It is incorporated under the laws of Tennessee
3. The name, if different, which it elects to use in Rhode Island is:

   (a) *If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:*

   (b) *If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:*

4. The date of its incorporation is 1/7/74 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 10025 Investment Dr. #120 Knoxville TN 37932
6. The address of its proposed registered office in Rhode Island is 222 Jefferson Blv Suite 200 (Street Address, **not** P.O. Box) Warwick (City/Town), RI 02888 (Zip Code) and the name of its proposed registered agent in Rhode Island at that address is Corporation Service Company (Name of Agent)
7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Insurance Brokerage
8. (a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

	Name	*Address*
Director	See Attached	
Director		
Director		
Director		

FILED
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By 044588
11:00

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SECRETARY OF STATE
CORPORATIONS DIV
08 JUL 30 AM 11:00

Form No. 150
Revised: 12/05

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

	Name	Address
President	See Attached	
Vice President		
Treasurer		
Secretary		

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
5,000	Common		100.00

10. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is $ 2,000,000.

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is $ 0.

(c) An estimate, expressed as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located, is 0 %. [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

11. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is $ 2,700,000.

(b) An estimate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year is $ 0.

(c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 0 % [*divide (b) by (a) and multiply by 100 to obtain the percentage*].

12. This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.

13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 7/18/08

Andrew Patuno

Signature of Authorized Officer of the Corporation

Andrew Patuno, President

Type or Print Name of Authorized Officer

WELLS FARGO INSURANCE SERVICES OF TENNESSEE, INC.
(TENNESSEE)

1722 Louisville Drive Suite C
Knoxville, TN 37921-5961

Telephone: 865.588.5900
Fax: 865.588.8855
Federal ID No: 62-0922405

Date Incorporated: 1/17/74

Directors

Robert M. Greco	150 N. Michigan, Suite 4100 Chicago, IL 60601
Deborah Broderick	150 N. Michigan Chicago, IL 60601

Officers

Andrew J. Paterno	President	One Hillcrest Drive East Charleston, WV 25311
Robert M. Greco	Secretary	150 N. Michigan Avenue Chicago, IL 60601
Christine Ostermeier	Treasurer	150 N. Michigan Avenue Chicago, IL 60601

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/30/2008
REQUEST NUMBER: 08151507
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 01/17/1974
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0011482
JURISDICTION: TENNESSEE

TO:
KAREN JOHNSON/WELLS FARGO INSURANCE
PO BOX 1551

CHARLESTON, WV 25326-1551

REQUESTED BY:
KAREN JOHNSON/WELLS FARGO INSURANCE
PO BOX 1551

CHARLESTON, WV 25326-1551

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"WELLS FARGO INSURANCE SERVICES OF TENNESSEE, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/30/08

	FEES	
RECEIVED:	$60.00	$0.00

TOTAL PAYMENT RECEIVED: $60.00

RECEIPT NUMBER: 00004425440
ACCOUNT NUMBER: 00580332

FROM:
WELLS FARGO INS SERVICES OF WV
PO BOX 1551

CHARLESTON, WV 25326-1551

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE

SS-4458

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

July 30, 2008 11:00 AM

A. RALPH MOLLIS

Secretary of State

24750-2-258446