Filing and License Fee: \$310.00 minimum

10	N	
11.7	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

FILED

MAY 14 2009

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

co	rporat	nt to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the tion hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for t wing statement:	undersigned foreign hat purpose submits
1.	The	name of the corporation is Crump Commercial Insurance Services, Inc.	
2.	It is i	ncorporated under the laws of California	
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 "corporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the ac 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 qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" application:	n the corporation will to be filed with this
4.	The o	date of its incorporation is 11/06/1985 and the period of its duration is Perpetual	
-		address of its principal office in the state or country under the laws of which it is incorporated is 50 California Street, Suite 2000, San Francisco, CA 9411	
О.	me a	address of its proposed registered office in Rhode Island is 155 South Main Street, Suite 301 (Street Address, <u>not</u> P.O. E	dox)
		Providence , RI 02903 and the name of its proposed registered ager (City/Town) (Zip Code)	nt in Rhode Island at
	that	address is C T Corporation System (Name of Agent)	
7.	The r	ourpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:	7. Ph. 2.
8.		he names and respective addresses of its directors (optional unless directors are required under the laws of which it is incorporated).	the state or country
	Di	rector rector rector	

Form No. 150 Revised: 12/05

Director

	state or country of which it is incorporate	red).	ectors are not required under the laws of the Address			
	President Vice President Treasurer Secretary	e attached				
9.	The aggregate number of shares which it has and series, if any, within a class, is: Number of Shares	as authority to issue, itemized by classes, <u>Class</u> <u>Series</u>	par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value			
	1,000 <u>Comm</u>	on	NPV			
10.	(a) An estimate of the value of all proposition (a) **Nova 000	erty to be owned by the corporation for	or the following year, wherever located, is			
	(b) An estimate of the value of the corp	poration's property to be located within	Rhode Island during the following year is			
	located within this state during the follow		value of the property of the corporation to be y of the corporation to be owned during the nultiply by 100 to obtain the percentage].			
11.	(a) An estimate of the gross amount of \$ 56,000,000	business to be transacted by the co	rporation during the following year is			
	(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 \$					
	corporation at or from places of busines	ss in this state during the following year b	mount of business to be transacted by the lears to the gross amount thereof which will ivide (b) by (a) and multiply by 100 to obtain			
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 st than the 90 th day after the date of this filing	hall be effective upon filing unless a spec	ified date is provided which shall be no later			
Da	ite: 33000	examined this Application any accompanying a contained herein are true of Augustus of Augu	ury, I declare and affirm that I have ion for Certificate of Authority, including ttachments, and that all statements e and correct. uthorized Officer of the Corporation It Name of Authorized Officer			

Board of Directors:

Andrew P. Forstenzer

Business Address: 199 Water Street, 28th Floor, New York, New York 10038

S. Davison Obenauer (effective September 10, 2007)

Business Address: 105 Eisenhower Parkway, Roseland, New Jersey 07068

Officers:

John Jennings

CEO & President

Business Address: 105 Eisenhower Parkway, Roseland, NJ 07068

Patrick O'Brien

Executive Vice President, CFO & Treasurer

Business Address: 7557 Rambler Road, Suite 400, Dallas, Texas 75231

Andrew Forstenzer

Executive Vice President & General Counsel Business Address: 199 Water Street, 28th Floor, New York, New York 10038

Dave Obenauer

Executive Vice President

Business Address: 105 Eisenhower Parkway, Roseland, New Jersey 07068

Michael Gonthier

Senior Vice President

Business Address: 260 Franklin Street, 15th Floor, Boston, MA 02110

Michael Folmer

Vice President

Business Address: 4250 Crums Mill Road, Harrisburg, PA 17112

Ellen R. Dunkin

Secretary

Business Address: 199 Water Street, 28th Floor, New York, New York 10038

Frank Alerte

Assistant Secretary

Business Address: 158 North Harbor City Blvd., Melbourne, Florida 32935

Everett M. Williams

Assistant Secretary

Business Address: 7557 Rambler Road, Suites 300, 400, 409, Dallas, TX 75231

Jerry D. Cox, Jr.

Assistant Treasurer

Business Address: 7557 Rambler Road, Suites 300, 400, 409, Dallas, TX 75231

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CRUMP COMMERCIAL INSURANCE SERVICES, INC.

FILE NUMBER:

C1356586

FORMATION DATE:

11/06/1985

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 12, 2009.

> **DEBRA BOWEN** Secretary of State