## Filing and License Fee: \$310.00 minimum

ID Marsack and	
ID Number:	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

## **BUSINESS CORPORATION**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1 2-1405 of the General Laws of Rhoda Island, 1956, as amended, the undersigned for

th	orpora e follo	tion hereby applies for a ( owing statement:	Certificate of Author	ity to transact t	ousiness in the State of Rh	ode Island, and for the	andersign nat purpos	ea toreign se submits
1.	The	name of the corporation is	Dickerson Em	nployee Bene	fits, Inc.			
2.	It is i	incorporated under the law	S of California					<b>.</b>
3.	The	name, if different, which it	elects to use in Rho	ode Island is:				
	(a)	If the name of the cor "incorporated," or "limite above corporate endings	d," or an abbreviati	ion thereof, the	orporation does not contain list the name of the con	ain the word "corpo poration with the ad	ration," "o dition of o	company," one of the
	(b)	If the corporate name is qualify and transact bus application:	not available in Rho iness in Rhode Isl	ode Island, ther land as stated	set forth below the fictition in the "Fictitious Business	us name under which s Name Statement" t	the corpo	pration will with wis
4.	The	date of its incorporation is	March 17, 200	6	and the period of its dur	ation is Perpetual	MIDE	
5.	The a	address of its principal offi	ce in the state or co	untry under the	laws of which it is incorpor		24	2000
		Riverside Drive Los			and the month of the modifier		2	295
۶.	Tho	addross of its prepared to	ristand office in DL		36 Washington Square		<u> </u>	<u> </u>
O.		address of its proposed re	gisterea omice in Kn	lode Island Is _		et Address, not P.O. Bo		<= <del>0</del>
	Nev	(City/Town)			I and the name of its prope	osed registered agen	t in Rhode	island at
	that	Mark R Rs	irdort, Esquire	(Zip Code)				
	inat a	address is		/Name	e of Agent)			<del>-</del>
_				-				
7.					action of business in Rhode	e Island are:		
	Non	residnet Insurance Ag	jency sales & se	rvices				Ŧ
			<u> </u>					
				·		" " "		
8.	(a) T	he names and respective	addresses of its dire	ectors (optional	unless directors are require	ed under the laws of t	the state of	or country
		f which it is incorporated).						·
			<u>Name</u>			Address		
	Di	rector see atta	ched	Ð		الماس		
		rector						
	Di	rector						<del></del>
	Di	rector			JUN 2_4	2889		<del></del>
		<del></del>			VOVI	245		
	rm No.				By	312		
Кe	vised:	07/05				11:5		

		state or country of which it is incorporated).						
	<u>Name</u>			<u>Address</u>				
	P	resident	see attached	·	1			
	Vi	ice President						
	Ti	easurer						
	S	ecretary			*			
9.	The and	e aggregate num I series, if any, v	nber of shares w vithin a class, is:	hich it has authority t	o issue, itemized by classes,	par value of shares, shares without par value		
	Number of		CHIMIU III		<u>Series</u>	Par Value or Statement that Shares are without Par Value		
	7	00,000						
10.	(a)	An estimate of	of the value of	all property to be o	owned by the corporation for	or the following year, wherever located, is		
	(b)	An estimate o	f the value of	the corporation's pro	operty to be located within	Rhode Island during the following year is		
	(c)	located within t	xpressed as a phis state during wherever locate	the following year bea	ars to the value of all property	ralue 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 o	of the gross am	ount of business to	be transacted by the co	rporation during the following year is		
	(b)	An estimate of Island during the	f the gross am ne following year	ount of business to	be transacted by the corporat	tion at or from places of business in Rhode		
	(c)	corporation at a	or from places of by the corporation	percentage, of the fusiness in this state of during the following	te during the following year be	mount of business to be transacted by the ears to the gross amount thereof which will vide (b) by (a) and multiply by 100 to obtain		
12.	This	application is a	ccompanied by orated.	a certificate of Good	Standing issued by the prope	r officer of the state or country under the laws		
13. 1	This thar	Application for the 90 <sup>th</sup> day af	Certificate of Au ter the date of th	thority shall be effect is filing <b>upon filing</b>	tive upon filing unless a speci	fied date is provided which shall be no later		
					examined this Application any accompanying at contained herein are true			
Date	∋: _	April	12,2009			Market and the state of the sta		
		•			_	thorized Officer of the Corporation		
					Carl Dickerson, Presid			
					Type or Prin	t Name of Authorized Officer		

First Name: Carl

Middle Name: Ethridge

Last Name: Dickerson

Title (Officer, Director, etc.): President/CEO

Ownership: 35%

Resident Street: 490 Prospect Blvd. City/State/Zip: Pasadena, CA 91103

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

First Name: Jean

Middle Name: Viola

Last Name: Dickerson

Title (Officer, Director, etc.): Director

Ownership: 35%

Resident Street: 490 Prospect Blvd. City/State/Zip: Pasadena, CA 91103

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

First Name: Dennis

Middle Name: Clark

Last Name: Dickerson

Title (Officer, Director, etc.): Director

Ownership: 0%

Resident Street: 212 Aspenwood Lane City/State/Zip: Nashville, Tennessee 37221

County: Nashville

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

First Name: Angela

Middle Name: Beth

Last Name: Dickerson

Title (Officer, Director, etc.): Director

Ownership: 10 %

Resident Street: 130 East Bonita Avenue City/State/Zip: Sierra Madre, CA 91024

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

SECRETARY OF STATE CORPORATIONS DIV

First Name: Carl

Middle Name: Anthony

Last Name: Lee

Title (Officer, Director, etc.): Executive Vice President

Ownership: 5 %

Resident Street: 130 East Bonita Avenue City/State/Zip: Sierra Madre, CA 91024

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

First Name: Stephanie

Middle Name: Rene

Last Name: Wolff

Title (Officer, Director, etc.): Shareholder

Ownership: 10 %

Resident Street: 1545 Ramona Avenue City/State/Zip: South Pasadena, CA 91030

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039

First Name: ! Michael

Middle Name: Klaus

Last Name: Wolff

Title (Officer, Director, etc.): Executive Vice President

Ownership: 5 %

Resident Street: 1545 Ramona Avenue City/State/Zip: South Pasadena, CA 91030

County: Los Angeles

Complete Business Address: 1918 Riverside Drive, Los Angeles, CA 90039