Filing and License	Fee:	\$310.00	minimum
RHODE		OT 4 T	- 05 840

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

orp	suant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign poration hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits following statement:
. T	The name of the corporation is Mercury Insurance Group, Inc.
	t is incorporated under the laws of South Carolina
3. 1	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 03 31 2009 and the period of its duration is Perpetual
	The address of its principal office in the state or country under the laws of which it is incorporated is
6. ·	The address of its proposed registered office in Rhode Island is -10 DPy bosset Street (Street Address, not P.O. Box)
	Probleme , RI 02903 and the name of its proposed registered agent in Rhode Island at (City/Town) (Zip Code)
	that address is CT Corporation System (Name of Agent)
	, and a second s
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
	Insurance Sales
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 ROBERT JARDWOOD 800 OAR RIDGE TWAR STEA-1000 CARRINGE, TN 3
	Director MARK K PATTERSON 800 DAK RIDGE TNPK STE A-1000 DAK RIDGE TN
	Director
	Director — FILED // /ða

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	S	state or country	of which it is inc			Addross	
			Δ	<u>lame</u>	Charles T	Address	in Thi
		sident	Robert J	Arowood	800 box Ringe In	PK #A 1000, OKRIC	3782
		e President					<u> </u>
		easurer		D- Harras	ann My Pidge To	PK # A-1000, Park Ride	WT. 98
,	Sec	cretary	MATER.	Patterson	OUD DIA REGION		3718 3.0
a Ti	he :	aggregate num	ber of shares wh	ich it has authority to	issue, itemized by classes,	par value of shares, shares withou	ıt par value,
aı	nd s	series, if any, w	vithin a class, is:	•			
						Par Value or Statement	
		Number of	<u>Shares</u>	<u>Class</u>	<u>Series</u>	Shares are without Par	
		1,00	D	Common		Do por value	
_							
					Lib. His assessmention for	the following year wherever le	ncated is
10. (a	a)	An estimate of	of the value of	all property to be ov	vned by the corporation to	or the following year, wherever lo	ocated, 13
		<u> 20,0</u>	000	_ ·			
,,		A	of the value of	the corporation's prof	nerty to be located within	Rhode Island during the following	ng year is
(D)	\$ \(\mathcal{O} \)	of the value of		sorty to so received manner	•	
					position that the estimated	value of the property of the corporation to be owned	oration to be
(c)	حنطافتين احجاجه	this state during:	tha tallawing vear bea	rs to the value of all brober	V OI THE COIDOLATION TO BE OWNED	adming the
		following year	, wherever locate	d, is	_ %. [divide (b) by (a) and i	multiply by 100 to obtain the perce	entage].
11 ('a\	An actimate	of the aross am	nount of business to	be transacted by the co	orporation during the following	year is
11. ((a)		. రకర <u>— —</u>		·		
,	/h.\	An actimata	of the arose an	nount of business to l	ne transacted by the corpora	ation at or from places of business	in Rhode
((D)	Island during	the following yea	ris\$ 500	∞	·	
				normantage of the	proportion that the gross :	amount of business to be trans	acted by the
((c)	anomoration at	or from places o	if husiness in this stat	e during the following year i	Deats to the gross amount mereor	WILLOU WILL
		be transacted	by the corporation	on during the following	year is	divide (b) by (a) and multiply by 1	100 to obtain
		the percentag	-				
12.	Thi	s application is	accompanied by	a certificate of Good	Standing issued by the prop	er officer of the state or country u	nder the laws
	of v	vhich it is incor	porated.				
13. 7	This	Application fo	r Certificate of A	uthority shall be effect	tive upon filing unless a spe	cified date is provided which shal	l be no later
	tha	n the 90 th day a	after the date of t	his filing			
					Under penalty of pe	rjury, I declare and affirm ition for Certificate of Authori	that I have
					examined this Applica	attachments, and that all	statements
					contained herein are tr	ue and correct.	
			aQ		A 17	$\gamma = \rho + \rho$	
Dat	e:	11-11	-07		Signature of A	Authorized Officer of the Corpo	oration
					_		
					KOBERT S	1 体をからなり	
					- /ODER/	「ARのい公う rint Name of Authorized Office	

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

MERCURY INSURANCE GROUP, INC.,

a corporation duly organized under the laws of the State of South Carolina on March 31st, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 23rd day of October, 2009.

Mark Hammond, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

