Filina	and	License	Fee:	\$310.00	minimum
ı ımıy	anu	LICCHSC		\$510.00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

FILED

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

corpo	uant to the provi oration hereby ap ollowing stateme	oplies for a Certificate of Authority to trans	eral Laws of Rhode Island, 1956, as amended, the undersigned foreign sact business in the State of Rhode Island, and for that purpose submits
1. TI	he name of the c	orporation is <u>Reliance Ir</u>	isurance Brokers Inc
2. It	is incorporated u	inder the laws ofSouth C	arolina
3. T	he name, if differ	ent, which it elects to use in Rhode Island	is:
ı	"incorporate	e of the corporation in its jurisdiction of d," or "limited," or an abbreviation thereo arate endings for use in Rhode Island:	of incorporation does not contain the word "corporation," "company," of, then list the name of the corporation with the addition of one of the
	(b) If the corpor qualify and application:	rate name is not available in Rhode Island transact business in Rhode Island as si	I, then set forth below the fictitious name under which the corporation will tated in the "Fictitious Business Name Statement" to be filed with this
4. T	he date of its inc	orporation is 07/24/2009	and the period of its duration is Perpetual
5. T	he address of its	principal office in the state or country und	ler the laws of which it is incorporated is
6. T	he address of its	proposed registered office in Rhode Islan	nd is 10 wey 50 set Street — Le alla che (Street Address, <u>not</u> P.O. Box) 23 and the name of its proposed registered agent in Rhode Island at
_	Provic	lence , RI D29[ty/Town) (Zip Co	and the name of its proposed registered agent in Rhode Island at ode)
t	that address is	CT Corporation	System (Name of Agent)
7. 1	The purpose or p		e transaction of business in Rhode Island are:
-		Insurance Sal	es
8. (a) The names ar		ptional unless directors are required under the laws of the state or country
		<u>Name</u>	<u>Address</u>
	Director	ROBERT J AROWOOD	800 OAK RIDGE TNPR STE A-1000 OAK RIDGE, IN 3
	Director Director	MARK & PATTERSON	800 DAK RIDGE TNPR STE A-1000 DAK RIDGE 7N 3
	Director		

Form No. 150 Revised: 12/05

			<u>Name</u>		<u>Address</u>					
	President	ROBERT	J AROLOGO	800 0AK	PIDS	TNPK	STE A-1000	BAR RIAGE	7N 278 %	
	Vice Presider		•							
	Treasurer				````.					
	Secretary	MARK R	PATTEREDN	SCO CAR	KIDGE	INPK	STE 14-1000	DAK KIDSE	IN 37836	
		number of shares v	which it has authority to s:	issue, itemized	by classe	es, par va	lue of shares, s	hares without pa	ar value,	
				_				or Statement tha	-	
		of Shares			<u>Series</u>		Shares are without Par Value			
•		0	Common)PV		
0. (e of the value o	f all property to be ov	vned by the d	corporation	n for the	following year	, wherever locat	ed, is	
((b) An estimat	e of the value o	f the corporation's prop	perty to be loa	cated with	nin Rhode	e Island during	the following ye	ear is	
	located with following ye	in this state during ar, wherever loca	g the following year bear ted, is	roportion that the estimated value of the property of the corporation to be ars to the value of all property of the corporation to be owned during the						
		e of the gross a	mount of business to	be transacte	d by the	corpora	tion during the	e following ye	ar is	
	(b) An estimat Island durir	ate of the gross amount of business to be transacted by the corporation at or from places of business in Rhode ring the following year is \$:								
	corporation	te, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the act or from places of business in this state during the following year bears to the gross amount thereof which will ted by the corporation during the following year is						ch will		
	This application of which it is inc		by a certificate of Good S	Standing issued	by the pr	oper offic	er of the state o	or country under	the laws	
3. 7	This Application than the 90 th da	for Certificate of A	Authority shall be effecti this filing	ve upon filing (ınless a s	pecified o	late is provided	which shall be	no later	
				examined tany accon	nis Appli panying	cation fo attachi	or Certificate of ments, and	d affirm that of Authority, ir that all sta	ncluding	
	e: \\ -\\	0		contained h	erein are <i>⊁</i>	true and	I correct.			

CT HAS MOVED - NEW ADDRESS:

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE, RI 02903

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:

RELIANCE INSURANCE BROKERS, INC.,

a corporation duly organized under the laws of the State of South Carolina on July 24th, 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

