

Filing Fee: \$75.00

ID Number: 124834



**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  
AMENDED CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1411 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for an Amended 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 Trident Insurance Services of New England, Inc.

2. It is incorporated under the laws of Massachusetts

3. A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the State of Rhode Island on 2/25/2009, authorizing it to transact business in Rhode Island under the name of: Trident Insurance Services of New England, Inc.

4. The corporate name of the corporation has been changed to Alteris Insurance Services, Inc.

*(If no change, so indicate.)*

5. 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:*

6. The corporation desires to pursue in the transaction of business in Rhode Island other or additional purposes than those set forth in its prior Application for a Certificate of Authority, as follows:

*(If no other or additional purposes are proposed, insert "No Change.")*

No Change

**FILED**

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CORPORATIONS DIVISION  
PROVIDENCE, RHODE ISLAND

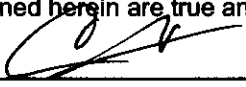
7. If there has been an increase in the authorized shares of the corporation, list the total number of authorized shares, including the increase (If there has been no increase in shares, insert "no change"):

| <u>Total Number of Authorized Shares</u> | <u>Class</u> | <u>Series</u> | <u>Par Value or Statement that Shares are without Par Value</u> |
|--|--------------|---------------|---|
| _____                                    | _____        | _____         | _____   |
| _____                                    | _____        | _____         | _____   |
| _____                                    | _____        | _____         | _____   |

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 1,300,000.
- (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]
9. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 12,000,000.
- (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]
10. Except as herein modified, the original Application for Certificate of Authority continues in full force and effect and is hereby confirmed, ratified and incorporated by reference into this Application for Amended Certificate of Authority.
11. This Application for Amended Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing \_\_\_\_\_

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

Date: May 10, 2011

  
 \_\_\_\_\_  
 Signature of Authorized Officer of the Corporation  
**Craig S. Comeaux, VP & Secretary**  
 \_\_\_\_\_  
 Type or Print Name of Authorized Officer



**William Francis Galvin**  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

**May 9, 2011**

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

**CATAMOUNT INSURANCE AGENCY, INC.**

was incorporated under the General Laws of this Commonwealth on **August 26, 1968**.

I further certify that in Articles of Amendment filed here **October 9, 1968**, the name of said corporation was changed to:

**MASSAMONT INSURANCE AGENCY, INC.**

I also certify that in Articles of Amendment filed here **March 5, 2009**, the name of said corporation was changed to:

**TRIDENT INSURANCE SERVICES OF NEW ENGLAND, INC.**

I further certify that in Articles of Amendment filed here **March 8, 2011**, the name of said corporation was changed to:

**ALTERIS INSURANCE SERVICES, INC.**

I further certify that so far as appears of record here said corporation still has legal existence.

In testimony of which,

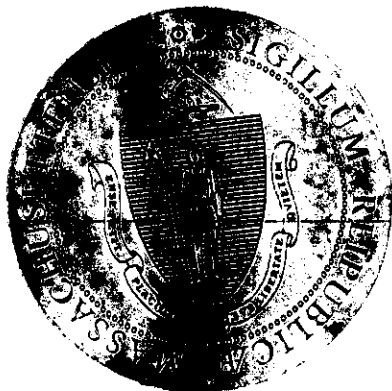
I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth



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William Francis Galvin  
Secretary of the  
Commonwealth

*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

Date: April 28, 2011

To Whom It May Concern :

I hereby certify that according to the records of this office,

**ALTERIS INSURANCE SERVICES, INC.**

is a domestic corporation organized on **August 26, 1968** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 11042971120

Verify this Certificate at: <http://corp.sec.state.ma.us/corp/Certificates/Verify.asp>

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