#### Filing and License Fee: \$310.00 minimum



### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

#### **BUSINESS CORPORATION**

#### APPLICATION FOR CERTIFICATE OF AUTHORITY

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Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned logical corporation hereby applies for a 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 Berkshire Indemnity Group Inc.						
2.	It is incorporated under the laws of Delaware						
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 "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 i	its incorporation is 07/18/20	13	and the period of its duration is Perpetual		
5.	The	address	of its principal office is <u>C/O T</u>	he Corporation Trus	t Company, 1209 Orange Street, Wilmington, DE 19801		
6.	450 Matanaga Managial 40 Damagaa Ctroot Suito 74						
	Eas	t Provi		, RI <u>02914</u> a	nd the name of its proposed registered agent in Rhode Island at		
			(City/Town)	(Zip Code)			
	that	address	is C T Corporation Syste	em (Name o	(Agent)		
7.	The	purpose	or purposes which it propose	·	ction of business in Rhode Island are:		
•			Acomo				
	11130	<u>arance</u>	Agency				
8.	3. (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).						
			<u>Name</u>		<u>Address</u>		
	Dire	ctor	Steven Menzies		PO Box 3646, Omaha, NE 68103-0646		
	Dire	ctor	Sidney Ferenc	FILED	PO Box 3646, Omaha, NE 68103-0646		
	Dire	ctor	Jeffrey Silver	SEP 23 2013	PO Box 3646, Omaha, NE 68103-0646		
	Dire	ctor		49-200	2592		
		n No. 150 sed: 06/11	1	A.A. 12	:.17pm.		

	(b) The names as state or country of v			officers (mandatory if director	ors are not required under the laws of the		
,	<u>Name</u>				<u>Address</u>		
	President Steven Menzie		zies	PO Box 3646,	PO Box 3646, Omaha, NE 68103-0646		
	Vice President Sidney Fer		nc	PO Box 3646,	PO Box 3646, Omaha, NE 68103-0646		
	Treasurer	Steven Men	zies	PO Box 3646,	PO Box 3646, Omaha, NE 68103-0646		
	Secretary	Jeffrey Silver		PO Box 3646,	PO Box 3646, Omaha, NE 68103-0646		
9.	The aggregate num and series, if any, w	vithin a class, is:	ch it has authority to is <u>Class</u>	ssue; itemized by classes, par <u>Series</u>	value of shares, shares without par value, Par Value or Statement that Shares are without Par Value		
		10,000		Common	1.00		
10.	(a) \$_500\C following year,	OO • OO wherever located		of the value of all property	to be owned by the corporation for the		
	(b) \$ 0.00 = An estimate of the value of the corporation's property to be located within Rhode Island during the following year.						
	the corporation	to be located wit	hin this state during th	ne following year bears to the	hat the estimated value of the property of value of all property of the corporation to by 100 to obtain the percentage}		
11. (a) \$\frac{1.5 \text{ Miles} \text{ Constitution}}{\text{during the following year.}} = An estimate of the gross amount of business to be transacted by the constitution of from places of business in Rhode Island during the following year.							
							(c) 0.00% = 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. {divide (b) by (a) and multiply by 100 to obtain the percentage}
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.	13. This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no						
	than the 90th day at	fter the date of this	filing				
Date	e: <u>9-16-1</u> 2	7	, 8	Application for Certificate of attachments, and that all stacorrect.  Signature of Juling	clare and affirm that I have examined this Authority, including any accompanying atements contained herein are true and fized Officer of the Corporation affirey Silver the of Authorized Officer		

# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BERKSHIRE INDEMNITY GROUP INC" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF

SEPTEMBER, A.D. 2013.

ONSTRAILURS DIV

5369725 8300

AUTHENTY CATION: 0727108

DATE: 09-11-13

131049353
You may verify this certificate online at corp.delaware.gov/authver.shtml