

Filing Fee: \$75.00

ID Number: 102711

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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

FILED

FEB 15 2002

BY 102711

APPLICATION FOR
AMENDED CERTIFICATE OF AUTHORITY
(To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-111 of the General Laws, 1956, as amended, the undersigned corporation hereby applies for an Amended Certificate of Authority to transact business in Rhode Island, and for that purpose submits the following statement:

- The name of the corporation is **Federated Mutual Agency, Inc.**
- It is incorporated under the laws of **Minnesota**
- A Certificate of Authority **was** issued to the corporation by **the** office of the Secretary **of** the State of the State of Rhode Island on **September 23, 1998**, authorizing **it** to transact business in Rhode Island under the name of: **Federated Mutual Agency, Inc.**
- The corporate name of the corporation has been changed to **Primary Source Insurance Agency, Inc.**

(If no change, so indicate.)

- The name, if different, which it elects to use in Rhode Island is:
 - 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:*
 - 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:*
- 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.

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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"):

Total Number of Authorized Shares	Class	Series	Par Value or Statement that Shares are without Par Value
No change			

8. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ **No change**.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ **No change**.
- (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 **no chan**%. [divide (b) by **1** 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 \$ **No change**.
- (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 \$ **No change**.
- (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 **no change**%. [divide (b) by **1** 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.

Date: 02/04/02

Federated Mutual Agency, Inc.

Print Exact Name of Corporation Making Application

By

President or Vice President (check one)

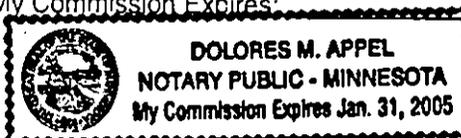
By

Secretary or Assistant Secretary (check one)

STATE OF **MINNESOTA**
 COUNTY OF **STEELE**

In **Owatonna, MN**, on this 4th day of February, **2002**, personally appeared before me David W. Ramsey and Peggy J. Berk who, being by me first duly sworn, declared that he/she is the Vice President and Assistant Secy of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

Dolores M. Appel
 Notary Public
 My Commission Expires:





MINNESOTA SECRETARY OF STATE

H-664

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black ink.
- 2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
- 3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Federated Mutual Agency, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

[Empty box for date]

Format(mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1)

ARTICLE I

The name of this corporation shall be "Primary Source Insurance Agency, Inc." 21

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

[Signature of David W. Ramsey]

(Signature of Authorized Person) David W. Ramsey

Name and telephone number of contact person: Lisa Bilcik (507) 455 5200

Please print legibly

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (651)296-2803.

RETURN TO: Secretary of State, 180 State Office Bldg., 100 Constitution Ave. St. Paul, MN 55155-1299, (651)296-2803

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

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Mary Hoffmeyer Secretary of State