

Filing Fee: \$150.00

ID Number: 157111



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Pearl Insurance Group, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Illinois

4. The date of its organization is March 24, 2006

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

222 Jefferson Blvd., Suite 200

Warwick

RI 02888

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is Corporation Service Company

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

1200 E Glen Ave., Peoria Heights, IL 61616-5348

9. The mailing address for the limited liability company is:

1200 E Glen Ave., Peoria Heights, IL 61616-5348

FILED

JUN 26 2006
By DMF
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10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
John P. Pearl	1200 E. Glen Avenue, Peoria Heights, IL 61616
Gary P. Pearl	1200 E. Glen Avenue, Peoria Heights, IL 61616
Eugene F. Retzer	1200 E. Glen Avenue, Peoria Heights, IL 61616

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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

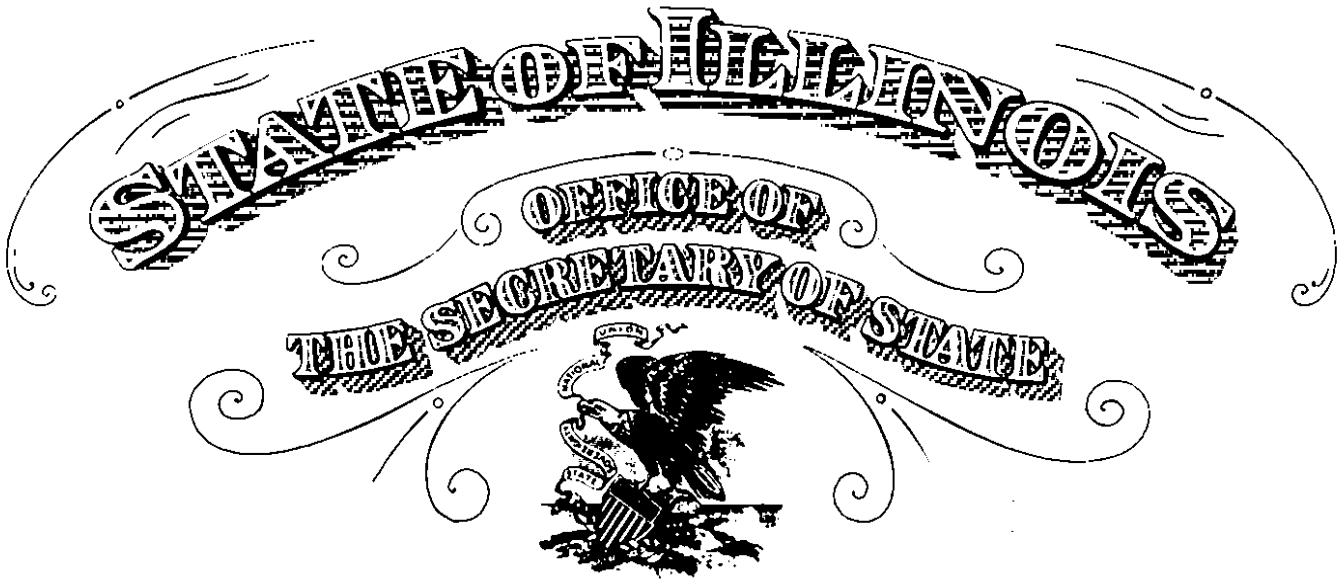
Date: 6-21-06

Pearl Insurance Group, LLC

Print Exact Name of Limited Liability Company Making Application

By

Signature of authorized person



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PEARL INSURANCE GROUP, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 24, 2006,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this* 1ST
day of JUNE A.D. 2006

Jesse White

SECRETARY OF STATE