Filing and License Fee: \$310.00 minimum



Form No. 150 Revised, 07/03

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Matthew A. Brown Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

## **BUSINESS CORPORATION**

## APPLICATION FOR CERTIFICATE OF AUTHORITY

		<b>A</b> 1	(To Be Filed In I	Suplicate Original)	•	35	න් සූදු			
ap				aws, 1956, as amended, the und state of Rhode Island, and for						
1.	The name of the co	rporation is _	Central Insurance	Management Inc	- 5y-	PH	200-			
2.	It is incorporated un	der the laws of	Illinois	,		⊹	ن رن <u>این ان ان</u>			
3.	The name, if differe	nt, which it elec	ets to use in Rhode Island is:			22	VE			
	(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 end transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:									
4.	The date of its incor	poration is	12/15/88	and the period of its duration	nis <u>perpetu</u>	al				
5.	The address of its principal office in the state or country under the laws of which it is incorporated is  3625 N. Sheridan Road Peoria, IL 61633									
6.	The address of its proposed registered office in Rhode Island is 130 Bellevue Ave.									
υ.			. RI 02840	(Street Address, <u>not</u> P.O. Box)						
	Newport RI 02840 (City/Town) (Zip Code)			and the name of its proposed registered agent in Rhode Island at						
	Marali D. Danadanik									
	that address is Mark B. Bardorr (Name of Agent)									
_	· · · · · · · · · · · · · · · · · · ·									
7.	The specific purpose or purposes, which it proposes to pursue in the transaction of pusinessin. Rhode Island are:									
	Nonresident Insurance Agency Sales and Service									
				: MAY 0 9 2005	, <del></del>					
8.	The names and respective addresses of the directors and officers are:  Name  Name									
	Director	See Attache	ed							
	Director									
	President									
	Vice President									
	Treasurer				· · · · · · · · · · · · · · · · · · ·					
	Secretar									

9.	The aggregate number of shares vand series, if any, within a class, is		to issue, itemized by classes, pa	ar value of shares, shares without par value					
	Number of Shares	<u>Class</u> common	<u>Series</u> Series l	Par Value or Statement that Shares are without Par Value none					
10	The aggregate number of its issue within a class, is:	d shares, itemized by	classes, par value of shares,	shares without par value, and series, if any					
	Number of Shares	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value					
	250	common	Series l	none					
11 .	(a) An estimate of the value of \$	all property to be o	owned by the corporation for	the following year, wherever located, is					
	(b) An estimate of the value of the	corporation's propert	w to be located within Rhode Isl	and during the following year is					
	\$	— ·	y to be located within throat is:	and daring we renorming year to					
	(c) An estimate, expressed as a located within this state during following year, wherever located	the following year bea	ars to the value of all property o	ue of the property of the corporation to be fithe corporation to be owned during the ltiply by 100 to obtain the percentage.					
12.	(a) An estimate of the gross an \$ 60,000	nount of business to 	be transacted by the corp	oration during the following year is					
	(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 \$								
	corporation at or from places o	f business in this state	e during the following year bean	ount of business to be transacted by the s to the gross amount thereof which will de (b) by (a) and multiply by 100 to obtain					
13.	This application is accompanied by the secretary of state or other author	certified copies of its orized officer of the jur	articles of incorporation and all isdiction of its incorporation.	amendments thereto, duly authenticated by					
Das	de: /3-21-05		Central Insur	ance Management INC.					
Dai	le.		Prim Exact Name of	Corporation Making Application					
			By // YX President or [Dean J / Papker //	Vice President (check one)					
			By Malle	Lucas					
			▼X Secretary or [ Mark Lucas	Assistant Secretary (check one)					
	ATE OF 164 10015 DUNTY OF PEORI H								
app	n PEORIA, 11 Deared DEANJ PA	on this 21	<del></del>	2005, before me personally eing duly sworn, declared that he signed the foregoing document as such					
aut	horized agent and that the statemen		·	1					
	OFFICIAL SEA VIRGINIA HUNC NOTARY PUBLIC - STATE I MY GOMMISSION EXPIRE	SATE }	Notary Public My Commission Expires:	a Hungate					
	WIL GOMMISSION EXAME		my Commission Explies. —	of sof of					

## CENTRAL INSURANCE MANAGEMENT $\mathcal{I}_{i}$ UC. STOCKHOLDERS/OFFICERS/DIRECTORS

Great Central Insurance Company 100% Stockholder 3625 N. Sheridan Road Peoria, IL 61633 Mark Lucas Secretary 3625 N. Sheridan Road Peoria, IL 61633

Dean J. Parker President 1055 E. Dunne Morton, IL 61550

Christy S. Ewalt Vice President 257 N. Cone Farmington, IL 61531

Michael Kinnary Treasurer 1105 N. Manning Drive Chillicothe, IL 61523



WITTELES OF INCORPORATION OF

CENTRAL INSURANCE MANAGEMENT, INC. INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore. I. Jim Edgar. Secretary of State of the State of Ollinois. by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, Theretosetony hand and cause to be affixed the Great Seal of the State of Illinois.

