Filing Fee: \$75.00

ID Number: <u>137550</u>



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

2006 DEC -1 PH 12: 44

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 Crump Insurance Services of Texas, Inc.

2.	It is incorporated under the laws of Texas				
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 February 2, 2004 authorizing it to transact business in Rhode Island under the name of				
4	The corporate name of the corporation has been changed to				
	(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				
	DEC 01 2006				
	By \(\sqrt{2} \)				
	V 'Y X /				

Form No 151 Revised 12/05

	Total Number of Authorized Shares No change	<u>Class</u>	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
8	(a) An estimate of the value of a is \$	all property to be own	ed by the corporation for t	the following year, wherever located,		
	(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$					
	(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					
9	(a) An estimate of the gross amount of business to be transacted by the corporation 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 \$					
	(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					
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 th day after the date of this filing					
			examined this Application	ry, I declare and affirm that I have n for Amended Certificate of Authority, panying attachments, and that all rein are true and correct.		
Da	ite: November 16, 2006	_	Gignature of Aut	horized Officer of the Corporation		
			Everett M. Williams, Secre			
				Name of Authorized Officer		