Filing and License Fee: \$310.00 minimum .

ID Number: 152980



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FILED

JAN 0 9 200 By_AMF

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign 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 | e name of the corporation is Professionals Direct Insurance Services, Inc. | | | | | | | | | |
|----|--|---|--|---------------------|---|--|--|--|--|--|--|
| 2 | lt is i | s incorporated under the laws of Michigan | | | | | | | | | |
| 3. | The | The name, if different, which it elects to use in Rhode Island is | | | | | | | | | |
| | (a) | - iricorporated, or ilmited | ame of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," aled," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the irporate endings for use in Rhode Island: | | | | | | | | |
| | (b) | If the corporate name is it qualify and transact bus application: | en set forth below the fictitious name under which the corporation will d in the "Fictitious Business Name Statement" to be filed with this | | | | | | | | |
| 4 | The | date of its incorporation is | 12/02/1997 | | and the period of its duration is Perpetual | | | | | | |
| 5 | The a | address of its principal office in the state or country under the laws of which it is incorporated is | | | | | | | | | |
| | | 161 Ottawa NW, Suite 607, Grand Rapids, MI 49503 | | | | | | | | | |
| 6 | | | | | | | | | | | |
| · | The address of its proposed registered office in Rhode Island is 222 Jefferson Boulevard, Suite 200 (Street Address, not P.O. Box) | | | | | | | | | | |
| | War | (City/Town) | , RI | 02888 (Zip Code) | and the name of its proposed registered agent in Rhode Island at | | | | | | |
| | that address is Corporation Service Company | | | | | | | | | | |
| | | | | (Nan | ne of Agent) | | | | | | |
| 7. | The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are. | | | | | | | | | | |
| | | Insurance services including underwriting, claims management and sales. | | | | | | | | | |
| | | and sales. | | | | | | | | | |
| | | | | · | | | | | | | |
| 8 | (a) Th | ne names and respective a which it is incorporated). | iddresses of its dire | ectors (optiona | al unless directors are required under the laws of the state or country | | | | | | |
| | | | <u>Name</u> | | <u>Address</u> | | | | | | |
| | Dir | rector Stephen N | 1. Tuuk | 161 | Ottawa NW, Suite 607, Grand Rapids, MI 49503 | | | | | | |
| | Dir | ector Stephen N | 4. Westfield | | Ottawa NW, Suite 607, Grand Rapids, MI 49503 | | | | | | |
| | Dir | rector Mary L. U | irsul h | | 6 Missions Hills SE, Grand Rapids, MI 49546 | | | | | | |
| | Dir | ector | | ,, | | | | | | | |

| | (b) | | nd respective ac y of which it is in | | cipal officers (mandatory if d | rectors are not required under the laws of the | | | | |
|---|---|--|---|--------------------------------|---|---|--|--|--|--|
| | | State of Godine | | Name | | Addense | | | | |
| | President | | Stephen M. Tuuk | | 141 Ottown NIV College | Address | | | | |
| | Vice President Treasurer Secretary | | Lynda L. Hopkins and Stephen M. Stephen M. Westfield Stephen M. Westfield | | | 161 Ottawa NW, Suite 607, Grand Rapids, MI 49503 | | | | |
| | | | | | i. Westheld | same address | | | | |
| | | | | | | same address | | | | |
| | | , | | | | same address | | | | |
| 9. | Th and | e aggregate num d series, if any, w | nber of shares w vithin a class, is: | hich it has authority | to issue, itemized by classes | s, par value of shares, shares without par value, | | | | |
| | | Morellana | 0 h | | | Par Value or Statement that | | | | |
| | Number of Shares 60,000 | | <u>Snares</u> | Class | <u>Series</u> | Shares are without Par Value | | | | |
| | 00 | ,000 | | common | <u>n/a</u> | shares are without par value | | | | |
| | | | | | | | | | | |
| 10. | (a) | An estimate o \$ 2,571,000 | f the value of | all property to be | owned by the corporation | for the following year, wherever located, is | | | | |
| | (b) | An estimate of \$\frac{0}{2} | 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 collocated within this state during the following year bears to the value of all property of the corporation to be ownered following year, wherever located, is | | | | | | | | | | |
| 11 | (a) | An estimate o \$ 4,494,000 | f the gross am | ount of business (| to be transacted by the co | orporation during the following year is | | | | |
| | (b) | 2) 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 \$ 0 | | | | | | | | |
| | (c) | corporation at 0 | y the corporation | Dusiness in this sta | RIP CLUTING the tollowing year i | amount of business to be transacted by the pears to the gross amount thereof which will fivide (b) by (a) and multiply by 100 to obtain | | | | |
| 12 | 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. | This than | Application for Control the 90 th day after | Certificate of Autler the date of this | hority shall be effects filing | ctive upon filing unless a spec | offied date is provided which shall be no later | | | | |
| Date | e: _ | 01/03 | 2006 | | examined this Applicate any accompanying a contained herein are true Signature of Austrehm M. Tuuk, Preside | ithorized Officer of the Corporation | | | | |

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Lansing, Michigan

This is to Certify That

PROFESSIONALS DIRECT INSURANCE SERVICES, INC.

was validly incorporated on December 2, 1997, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 28th day of November, 2005.

, Director

Bureau of Commercial Services