Filing Fee: \$75.00

ID Number: 10488



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 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:

1.	The name of the corporation is Banc One Insurance Agency, Inc.					
2.	It is incorporated under the laws of Wisconsin					
3.	A Certificate of Authority was issued to the corporation by the office of the Secretary of State of the Island 02/11/1999 authorizing it to transact business in Rhode Island Banc One Insurance Agency, Inc.					
	Banc One Insurance Agency, Inc.					
4.	The corporate name of the corporation has been changed to					
	Chase Insurance Agency, Inc.					
	(If no change, so indicate.)					
5 _:	The name, if different, which it elects to use in Rhode Island is:	TO .)			
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "co "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the above corporate endings for use in Rhode Island:	orporation, 7 de addition of c	company," one of the			
	Chase Insurance Agency, Inc.	Ċ				
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statemen Application:	hich the corpo	oration will I with this			
		9_	<u>:</u>			
3 .	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					
						
			<u>ט</u>			
	·	JUN 092	2005			

Form No 151 Revised: 07/03 3v 108321

	No	Total Number of Authorized Shares Change	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
		· · · · · · · · · · · · · · · · · · ·					
8.	 (a)	An estimate of the value of is \$ 0	all property to be owne	d by the corporation for	the following year, wherever located,		
	(b)	An estimate of the value of is \$ 0	the corporation's prope	rty to be located within I	Rhode Island during the following year		
	(c)	corporation to be located w	ithin this state during th ring the following year,	e following year bears to	estimated value of the property of the or the value of all property of the%. [divide (b) by (a) and		
9.	(a)	An estimate of the gross an		transacted by the corpo	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 \$ 0					
	(c)	the corporation at or from p	laces of business in this cted by the corporation	s state during the following	amount of business to be transacted by ing year bears to the gross amount ar is 0%. [divide (b) by (a)		
10.	Exc her	ept as herein modified, the eby confirmed, ratified and it	original Application for neorporated by reference	Certificate of Authority te into this Application for	continues in full force and effect and is or Amended Certificate of Authority.		
Date	3 :	6/2/05	_1	Print Exact Name of	ry, Inc. f Corporation Making Application		
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Jame	es L	Harlin	B	President or	Vice President (check one) AND		
Jame Petc			B B	JAM	–		
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Petc STA COL	r Rii TE JNT	II OF <u>Illinois</u>	on this2_	Secretary orday of	Assistant Secretary (check one)		
Pete STA COU	TE UNT	OF <u>Illinois</u> Y OF <u>Cook</u> In <u>Cook</u>	on this 2	Secretary or day ofwho, be named entity and that he/s	AND		

DFI/CORP/30 DOCUMENT 2/00

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



DATE: JUN - 6 2005

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

RAY ALLEN, Deputy Administrator Division of Corporate & Consumer Services Department of Financial Institutions

BY: Lotet Lais

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.