Filing Fee: \$150.00

License Fee: \$15.00 minimum (7-1.1-124)

ID Number:

126597



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

(To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 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 | name of the co | rporation is | | | Asurion I | nsurance Se | rvices, | Inc. | | |
|----|----------------|--|---|------------------------------|------------------|--------------------------------------|------------------------------|-------------------------|-------------------------------|---|--|
| 2. | It is i | ncorporated un | der the laws of | Tennesse | e | <u></u> | | _ | _ | | |
| 3. | The | name, if differe. | nt, which it elect | s to use in R | hode Island is | :: | | | | | _ |
| | (a) | incorporated, | of the corporat or "limited," or te endings for u | ' an abbrevia | ation thereof, | ncorporation d then list the na | loes not containe of the con | ain the wo | ord "corpora vith the addi | ation," "d tion of d | company," one of the |
| | (b) | If the corporat qualify and tra application: | e name is not a ansact business | vailable in Ri in Rhode I | node Island, the | nen set forth be ed in the "Ficti | low the fictition | us name ur s Name St | nder which to | he corpo | pration will I with this |
| 4. | The | date of its incor | poration is May | 02 | , 1991 | and the p | eriod of its du | ration is Pe | erpetual | | |
| 5. | | | rincipal office in herman, 5040 | | | | | orated is _ | | | |
| 6. | The a | address of its o | roposed registe | ed office in f | Rhode Island i | e 170 Westm | inster Stree | t. Suite | 900 | | |
| | | | -p | 00 000 1171 | Wilder Island | • <u> </u> | | - | s, not P.O. Bo |)x) | |
| | | Prov | vidence | RI | 02903 | and the nam | e of its propos | | | | e Island at |
| | | (City/ | Town) | | (Zip Code) | | • • | 3 | 3 | _ | |
| | that a | address is Co | rporation Se | rvice Com | pany | | | | | Aye | ر. من ہے |
| | | | | | (Na | ame of Agent) | | | | 6 75 | 30 |
| 7. | The s | specific purpose | e or purposes w | nich it propos | ses to pursue | in the transaction | on of business | in Rhode | Island are: | 5 12 | |
| | Inst | irance Agend | y To engage | in any ac | ct or activ | ity for whi | ch corporal | ions may | y be orga | | <u>386</u> ₹ |
| 8. | The r | names and resp | ective addresso | s of the dire | ctors and offic | ers are: | | | , | 102 | A TATE |
| | | | | <u>Name</u> | | | | <u>Address</u> | | | *** |
| | | rector rector | See attacl | ned offic | ers/direc | tors rider | | | | | |
| | Pr | esident | | , | | | | | | | |
| | Vic | ce President | | <u> </u> | | | - | | | | |
| | Tre | easurer | | | | | | | 70 111 70 | - 71 | ۶7 م |
| | Se | cretary | | | | FIL | ED_ | | (U. lid 1 2 | > | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | m No vised: | | | | | AUG O | 3 2002 | الان | ETATS 3(FWG 8H) | 03730 1785 0 10617 | MANOS BUOBS M |

| J . | vai | Number of Shares | Class Common | Series | Par Value of shares, shares without par Par Value or Statement that Shares are without Par Value No par value |
|------------|------|--|---|--|---|
| 10. | The | e aggregate number of its issued hin a class, is: | shares, itemized by c | lasses, par value of shares, | shares without par value, and series, if any, |
| | | Number of Shares 725 . 67 | Class Common | <u>Series</u> | Par Value or Statement that Shares are without Par Value No par value |
| 11. | (a) | An estimate of the value of \$ 55,415,941.00 | all property to be ow | ned by the corporation fo | r the following year, wherever located, is |
| | (b) | An estimate of the value of \$ 0.00 | the corporation's prop | erty to be located within f | Rhode Island during the following year is |
| | (c) | An estimate, expressed as a plocated within this state during following year, wherever located | the following year bear: | s to the value of all property | olue of the property of the corporation to be of the corporation to be owned during the tiply by 100 to obtain the percentage. |
| 12. | (a) | An estimate of the gross am \$49,389,251 | ount of business to I | pe transacted by the cor | poration during the following year is |
| | (b) | An estimate of the gross arr | ount of business to be | e transacted by the corporat | ion at or from places of business in Rhode |
| | (c) | corporation at or from places of | business in this state | during the following year be | nount of business to be transacted by the ears to the gross amount thereof which will vide (b) by (a) and multiply by 100 to obtain |
| 13. | This | s application is accompanied by the secretary of state or other au | certified copies of its a thorized officer of the ju | articles of incorporation and urisdiction of its incorporation | all amendments thereto, duly authenticated n. |
| Date | e: | 7-11-02 | | Asurion | Insurance Services, Inc. |
| | | | | Muhal | of Corporation Making Application chael W. Sheehan |
| | | | | | Vice President (check one) AND im Multon |
| | | | | • | Assistant Secretary (check one) |
| STA | ٩ΤΕ | OF Tennessee | | | |
| | | TY OF Davidson | | | |
| | | In Nahsville, Tennessee | , on this | _day of | . 2002, personally appeared |
| | | me Michael W. Sheehan President | | who, being by r | ne first duly sworn, declared that he/she |
| | | ficer of the corporation, and the | at the statements he | ne corporation and that he rein contained are true. | e/she signed the foregoing document as |
| | | | | | |

OFFICERS/DIRECTORS RIDER

RI-Application for Certificate of Authority

Asurion Insurance Services, Inc.

List of Officers

Name: Michael W. Sheehan Title: President

Bus. Addr.: 5040 Linbar Drive, Nashville, TN 37211

Name: Bret E. Comolli Title: Asst. Secretary

Bus. Addr.: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Name: Tim Mulron Title: CFO, Treasurer, Secretary

Bus. Addr.: 5040 Linbar Drive, Nashville, TN 37211

Name: Byron W. Smith Title: Chief Marketing Officer

Bus. Addr.: 5040 Linbar Drive, Nashville, TN 37211

List of Directors

Name: Kevin M. Taweel Term:

Bus. Addr.: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Name: R. James Ellis Term:

Bus. Addr.: 1700 S. El Camino Real, #502, San Mateo, CA 94402

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 07/17/2002 REQUEST NUMBER: 02198519

CHARTER/QUALIFICATION DATE: 05/02/1991 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0240080 JURISDICTION: TENNESSEE

8161 HWY 100 NASHVILLE, TN 37221

REQUESTED BY: CFS 8161 HWY 100

NASHVILLE, TN 37221

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"ASURION INSURANCE SERVICES, INC."

WAS INCORPORATED OR QUALIFIED TO DO BUSINESS IN THE STATE OF TENNESSEE ON THE ABOVE DATE, AND THAT THE ATTACHED DOCUMENT(S) WAS/WERE FILED IN OFFICE ON THE DATE(S) AS BELOW INDICATED:

REFERENCE NUMBER 4270-0384 4514-1412

DATE FILED 08/13/2001

05/24/2002

FILING TYPE

AMD RESTATE CHT AGENT/OFFICE

FILING ACTION NAM DUR STK PRN OFC AGT INC MAL FYC

Х Х

FOR: REQUEST FOR COPIES

NASHVILLE, TN 37221-0000

FROM:

ON DATE: 07/17/02

FEES

RECEIVED:

\$80.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$80.00

RECEIPT NUMBER: 00003115124 ACCOUNT NUMBER: 00101230



8161 HIGHWAY 100

RILEY C. DARNELL SECRETARY OF STATE

SS-4458

SECOND AMENDED AND RESTATED CHARTER SSEE OF STATE OF TERMESSEE ASURION INSURANCE SERVICES, INC. PH 12: 29

Pursuant to the Tennessee Business Corporation Act, The Merrimac Group (as amended, Asurion Insurance Services), Inc., a corporation organized and existing wholer the laws of the state of Tennessee, hereby amends and restates its Charter, as heretofore amended, in its entirety and adopts the following as its Charter:

- 1. The name of the corporation is Asurion Insurance Services, Inc.
- 2. The number of shares of stock the corporation is authorized to issue is One Hundred Thousand (100,000) shares of common stock, no par value. The class of common stock shall have unlimited voting rights and shall be entitled to receive the net assets of the corporation upon dissolution.
- 3. (a) The name and address of the corporation's initial registered agent and office located in the state of Tennessee: [omitted pursuant to §§ 48-20-107 and 48-27-101(b) of the Tennessee Business Corporation Act.]
 - (b) The name of the corporation's current registered agent is Scott J.
- (c) The street address of the corporation's current registered office in Tennessee is:

Colc.

5040 Linbar Drive Suite 200 Nashville, TN 37222-0656 County of Davidson.

- 4. The name and address of the incorporator: [omitted pursuant to §§ 48-20-107 and 48-27-101(b) of the Tennessee Business Corporation Act.]
 - 5. The street address of the corporation's principal office is:

5040 Linbar Drive Suite 200 Nashville, TN 37222-0656 County of Davidson.

- 6. The corporation is for profit.
- This document will be immediately effective upon filing by the Tennessee 7. Department of State.
 - The shareholders of the corporation shall not have preemptive rights. 8.
- 9. To the fullest extent permitted by the Tennessee Business Corporation Act as in effect on the date hereof and as hereafter amended from time to time, a director of the corporation shall not be liable to the corporation or its shareholders for monetary damages for breach of fiduciary duty as a director. If the Tennessee Business Corporation Act or any successor statute is amended after adoption of this provision to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the corporation shall be eliminated or limited to the fullest extent permitted by the Tennessee Business Corporation Act, as so amended from time to time. Any repeal or modification of this Paragraph 9 by the shareholders of the corporation shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification or with respect to events occurring prior to such time.
- The powers of the corporation shall be to conduct all aspects of the 10. business of insurance including but not limited to the sale, administration and underwriting of wireless device service insurance programs, and to conduct all other business that corporations are permitted to conduct under the Tennessee Business Corporation Act.

Dated:

July 26, 2001

LIBC/1181616.3



Bepartment of State

Corporate Filings
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

SS-4427 (Rev. 600)

唯写文件 法外政治

CHANGE OF REGISTERED AGENT/OFFICE (BY CORPORATION)

RILE'S BOOK SECRETARY OF

RDA 1678

For Office Use Only

Pursuant to the provisions of Section 48-15-102 or 48-25-108 of the Tennessee Business Corporation Act or Section 48-55-102 or 48-65-108 of the Tennessee Nonprofit Corporation Act, the undersigned corporation hereby submits this application:

| 1. The name of the corporation is | |
|--|---|
| ASURION INSURANCE SERVICES, INC. (Corp. Ic | 1. # 240080) |
| 2. The street address of its current registered of | fice is |
| 5040 LINBAR DRIVE, SUITE 200, NASHVILLE, T | TN 37222 |
| 3. If the current registered office is to be change of such office, and the county in which the office is | d, the street address of the new registered office, the zip code located is |
| 2908 Poston Avenue, Nashville, TN 37203 | Davidson County |
| 4. The name of the current registered agent is | |
| SCOTT J. COLE | |
| | |
| 5. If the current registered agent is to be changed | i, the name of the new registered agent is |
| | i, the name of the new registered agent is |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the | t, the name of the new registered agent is |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the will be identical. May 14 2002- | |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the will be identical. May 14 2002- | registered office and the business office of the registered agent |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the will be identical. May 14 2002— Signature Date | registered office and the business office of the registered agent ASURION INSURANCE SERVICES, INC. |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the will be identical. May 14 2002— Signature Date President | registered office and the business office of the registered agent ASURION INSURANCE SERVICES, INC. |
| 5. If the current registered agent is to be changed Corporation Service Company 6. After the change(s), the street addresses of the will be identical. | ASURION INSURANCE SERVICES. INC. Name of Corporation |