

Filing Fee: \$150.00

ID Number: 133098



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

Allied North America Insurance Brokerage of Illinois, LLC *CC 133098*
as amended attached

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Delaware

4. The date of its organization is 12/17/02

5. The period of duration of the limited liability company is (if perpetual, so state) perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

170 Westminster Street, Suite 900 Providence , RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is Corporation Service Company
(Name of Agent)

RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIVISION
JUL 11 2003

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

3927 North Ravenswood
Chicago, IL 60613

9. The mailing address for the limited liability company is:

390 North Broadway
Jericho, NY 11753

CO. REG. DIV. 21 9 700
JUL 11 2003
SECRETARY OF STATE
CORPORATIONS DIVISION

FILED
JUL 08 2003
By JTB
133098

10. The limited liability company is to be managed by:

(Check one box only)

its members or by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>

12. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6-27-03

Allied North America Insurance Brokerage of Illinois, LLC
Print Exact Name of Limited Liability Company Making Application

By 
Signature of authorized person



ALLIED NORTH AMERICA

America's Construction Specialist™

390 N Broadway

Jericho, NY 11753

Tel: (516) 733-9203

Fax: (516) 681-7460

www.alliedna.com

July 3, 2003

Rhode Island Department of Insurance

To whom it may concern:

Please be advised that **"Allied North America Insurance Brokerage of Virginia, LLC"** hereby consents for use of its name to **"Allied North America Insurance Brokerage of Illinois, LLC"** in the state of Rhode Island. Both company's are owned and operated by the same owners.

If you have any questions, please do not hesitate to contact me. My phone number is 516-733-9203. Thank you in advance for your help

Sincerely,

John D'Ambrosio
Chief of Internal Audit & Control
Allied Group Holdings, LLC

Delaware

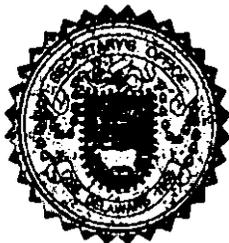
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF ILLINOIS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JUNE, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALLIED NORTH AMERICA INSURANCE BROKERAGE OF ILLINOIS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF DECEMBER, A.D. 2002.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3603575 8300

AUTHENTICATION: 2494827

030420327

DATE: 06-25-03