

Filing Fee: \$150.00
License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 125098



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street
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 corporation is D-Save Financial Services, Inc.
2. It is incorporated under the laws of Maryland
3. 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:

4. The date of its incorporation is October 16, 1991 and the period of its duration is perpetual

5. The address of its principal office in the state or country under the laws of which it is incorporated is 516 N. Charles St., 5th Floor, Baltimore, MD 21201

6. The address of its proposed registered office in Rhode Island is 30 Lawn Street

Providence RI 02908 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)

that address is Capital Corporate Services, Inc.
(Name of Agent)

7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
to conduct a general insurance agency and insurance brokerage business

8. The names and respective addresses of the directors and officers are:

	Name	Address
Director	<u>See attached</u>	
Director		
President		
Vice President		
Treasurer		
Secretary		

FILED

MAY 31 2002
By CEIT 284968

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
100	Common	N/A	none

10. The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
100	Common	N/A	none

11. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ -0-

(b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ -0-

(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 0%. [divide (b) by (a) and multiply by 100 to obtain the percentage].

12. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 6,000,000.00

(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) 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 -0-% [divide (b) by (a) and multiply by 100 to obtain the percentage].

13. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.

Date: 5/21/02

U-Save Financial Services, Inc.
Print Exact Name of Corporation Making Application

By Tom McDonnell
 President or Vice President (check one)

By [Signature]
 Secretary or Assistant Secretary (check one)

STATE OF Mississippi
COUNTY OF Hinds

In Jackson, Mississippi, on this 22 day of May, 2002, personally appeared before me Thomas P. McDonnell III who, being by me first duly sworn, declared that he is the President of the corporation and that he signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

Gale Nelson
Notary Public
My Commission Expires: MY COMMISSION EXPIRES MARCH 23, 2003

**OFFICERS AND DIRECTORS OF
U-SAVE FINANCIAL SERVICES, INC.**

Thomas P. McDonnell III	Chairman of the Board/ President/Director	4780 I-55 North, Suite 300 Jackson, MS 39211
O. Kendall Moore	Secretary	4780 I-55 North, Suite 300 Jackson, MS 39211
George Q. Cain, Jr.	Assistant Secretary	4780 I-55 North, Suite 300 Jackson, MS 39211
Robert M. Gathings	Treasurer	4780 I-55 North, Suite 300 Jackson, MS 39211
Joseph F. Tatum, Jr.	Director	421 JM Tatum Industrial Park Drive Hattiesburg, MS 39401

RECEIVED
SECRETARY OF STATE
MONTGOMERY COUNTY, MD

OFFICE OF THE CLERK OF THE COURT
MONTGOMERY COUNTY, MARYLAND
MONTGOMERY COUNTY FINANCIAL SERVICES, INC.

APPROVED AND RECEIVED FOR RECORD BY THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
OF MARYLAND AND MONTGOMERY COUNTY, 16, 1991 AT 10:00 O'CLOCK P.M. AS IN CONFORMITY
WITH LAW AND ORDERED RECORDED.

AMOUNT PAID BY DEBTOR 20.00
AMOUNT PAID BY STATE

03302982

TO THE CLERK OF THE COURT OF MONTGOMERY COUNTY

IT IS HEREBY CERTIFIED THAT THE WITHIN DOCUMENT, TOGETHER WITH ALL ENDORSEMENTS THEREON, HAS
BEEN RECEIVED, APPROVED AND RECORDED BY THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND.

RETURN TO:
JOHN SANIGRAS
1814 H STREET, N.W.
WASHINGTON, DC 20006

STATE OF MARYLAND

079C305171B

I hereby certify that this is a true and complete copy of the
page document as shown to me in this office. DATED: 4/25/92
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
BY: [Signature] RECORDS IN THE RECORDS OF THE [Signature], Custodian
this stamp is a previous certification system. Effective: 6/95

