



State of Rhode Island  
**Department of State - Business Services Division**

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 BUS. SVCS. DIV.  
 2020 NOV - 2 2 P 1:16  
 ST. 1P

**Application for Transfer of Authority**

FOREIGN Business Corporation, Limited Partnership,  
 Limited Liability Company, Limited Liability Partnership or  
 Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: 001701088	2. The full name of the entity filing this application is: Centurion Casualty Company
3. The applicant is a duly qualified foreign (CHECK ONE BOX ONLY) Limited Liability Company <input checked="" type="checkbox"/> Business Corporation                      Non-Profit Corporation Limited Partnership                                      Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY) Limited Liability Company (RIGL 7-16-52.1) <input checked="" type="checkbox"/> Business Corporation (RIGL 7-1.2-1411.1) Non-Profit Corporation (RIGL 7-6-80.1)                                      Limited Partnership (RIGL 7-13-52.1) Limited Liability Partnership (RIGL Title 7, as applicable)	
5. The date the applicant qualified to conduct business in Rhode Island is: 10/18/2019	6. The jurisdiction upon transfer of authority is: NE
7. The name of the entity following the transfer of authority is: Centurion Casualty Company	
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY Application for registration for a Limited Liability Company <input checked="" type="checkbox"/> Application for certificate of authority for a Business Corporation Application for certificate of authority for a Non-Profit Corporation Certificate of registration for a Limited Partnership Notice of registration for a registered Limited Liability Partnership	
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.	

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**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

NOV 04 2020 1:07P  
 BY CWJ/AA  
 A.A. 1:07pm

**TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY**  
*Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.*

Type or Print Name of <b>Limited Liability Company</b>	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

Type or Print Name of <b>Corporation</b> Centurion Casualty Company	
Signature of Authorized Person <i>Jill S. Stada</i>	Date 10/28/2020
Signature of Authorized Person	Date

Type or Print Name of <b>Partnership</b>	
Signature of Partner	Date
Signature of Partner	Date
Signature of Partner	Date

Type or Print Name of <b>Other Entity</b>	
Signature of Authorized Person	Date
Signature of Authorized Person	Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 04, 2020 01:07 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

