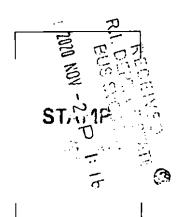
RI SOS Filing Number: 202071667920 Date: 11/4/2020 1:07:00 PM



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 <u>7</u>, 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:	2. The full name of the entity filing this application is:				
001701088	1				
001701088	Centurion Casualty Company				
3. The applicant is a duly qualified foreign (CHECK ONE BOX ONLY)					
Limited Liability Company	X Business Corporation Non-Profit Corpora		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 <u>7-16-52.1</u>) X Business Corporation (RIGL <u>7-1.2-1411.1</u>)					
Non-Profit Corporation (RIGL <u>7-6-80.1</u>) Limited Partnership (RIGL <u>7-13-52.1</u>)					
Limited Liability Partnership (RIGL <u>Title 7</u> , as applicable)					
The date the applicant qualified to conduct business in Rhode Island is:		6. The jurisdiction upon trai	isler of authority is.		
10/18/2019		NE			
7. The name of the entity following the transfer of authority is:					
Centurion Casualty Company				101	
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY					
Application for registration for	or a Limited Liabilty Compar	ıy			
★ 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	e current jurisdiction of the e	entity.	FILED		

MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: <u>www.sos.ri gov</u> NOV 0 4:2020 1.75 BY ... H. 1:01 pr

FORM 612- Revised: 09/2020

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 Limited Liability Company				
Signature of Authorized Person	Date			
Signature of Authorized Person	Date			
Type or Print Name of Corporation Centurion Casualty Company				
Signature of Authorized Person Sul Sulbado	Date 10/28/2020			
Signature of Authorized Person	Date			
Type or Print Name of Partnership				
Signature of Partner	Date			
Signature of Partner	Date			
Signature of Partner	Oate			
Type or Print Name of Other Entity				
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.

RI SOS Filing Number: 202071667920 Date: 11/4/2020 1:07:00 PM



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

Nellie M. Gorbea Secretary of State

Tulli U. Horler

