RI SOS Filing Number: 202107041300 Date: 12/13/2021 4:00:00 PM



Annual Report for the year: 2021 Amended Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001340220	2. Exact name of the Limited Liability Company RIGHT ANSWER INSURANCE AGENCY, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
524210	offers auto and home insurance products					
5. State of Formation						
DE						
6. Principal Office Address			City	State	Zip	
4804 Laurel Canyon Blvd, Ste 820			Valley Village	CA	91436	
7. Mailing Address of Limited Lia	bility Company	and Name or Title				
Contact Name Shelby L. Fogelman			Contact Title Secretary			
Street Address 4804 Laurel Canyon Blvd. Ste 820			City Valley Village	State CA	^{Zıp} 91436	
8. List ALL managers (names a	nd addresses)	of the Limited Liab:	lity Company, IF APPLICABL	E - DO NOT LIST N	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	7 ip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zıp	
<u> </u>	.1			Check the box to it	ndicate an attachment	
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.						
Name of Authorized Person					Date	
Jennifer Kurz	12/10/2	2021				
Signature of Authorized Person						

MAIL TO:

Division of Bukiness Services

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

Phone: (401) 222-3040 Website: www.sos ri gov F!LED

DEC 1 3 2021

BY Ou 12:58

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Answer Financial Inc. ("Corporation"), a Corporation incorporated under the laws of the state of Delaware and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact for the Corporation (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation

and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to update the entities' mailing and principal office address through amendments, annual reports or other documents in accordance with all governing business entity laws, for the Corporation as directed by the Corporation in any state.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this _12_ of November 2021.

Answer Financial Inc.

A Delaware Corporation

Title: VP, Legal & Compliance

Witness my hand and official seal.

See Acknowledgement attacker

State of California County of Los Angeles

On ______(date), before me, the undersigned, a Notary Public in and for said State, personally appeared Shelby Fogelman (Officer who signed) personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

 	(Print Name of Notary), Notary I	Public

Schedule A

- Answer Marketplace LLC, a DE company
 Insurance Answer Center, LLC, a DE entity
 Right Answer Insurance Agency, LLC a DE entity

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certifical document to which this certificate is attached, and not the	te verifies only the identity of the individual who signed the e truthfulness, accuracy, or validity of that document.
State of California County of Los Angeles On 11/12/2021 before me, Mich Date personally appeared Shelby Lynn	ael Christopher Caballero, Notary Public, Here Insert Name and Title of the Officer Fogerman Name(s) of Signer(s)
subscribed to the within instrument and acknowle	evidence to be the person(s) whose name(s) is/are edged to me that he/she/they executed the same in s/ner/their signature(s) on the instrument the person(s), ited, executed the instrument.
MICHAEL CHRISTOPHER CABALLERO Notary Pub Ic - Cailfornia Los Angeles County Commission # 2313109 My Comm. Expires Nov 21, 2023	I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. Signature Signature of Notary Public
Place Notary Seal Above	TIONAL —
Though this section is optional, completing this	information can deter alteration of the document or sometimes form to an unintended document.
Description of Attached Document Title or Type of Document: Power of Attor Document Date: Signer(s) Other Than Named Above:	Number of Pages: _,
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name: Corporate Officer — Title(s): Partner — Limited General Individual Attorney in Fact Trustee Guardian or Conservator Other: Signer Is Representing:

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