Filing Fee: \$150.00

ID Number:
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## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

#### LIMITED LIABILITY COMPANY

#### APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode

ore Isla	and, and for that purpose submits the following statement:			
1.	The name of the limited liability company is:			
3	Insurance Answer Center, LLC			
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 12/21/2007			
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 ag	gent in Rhode Island is:		
	10 Weybosset Street	Providence	, RI <u>02903</u>	
	(Street Address, not P.O. Box)	(City/Town)	(Zip Code)	
	and the name of the resident agent at such address is $\underline{C}$	T Corporation System (Name of	Agent)	
7.	The secretary of state is appointed the agent of the fo time there is no resident agent or if the resident agent of diligence.	reign limited liability compan annot be found or served foll	y for service of process if at any lowing the exercise of reasonable	
8.	The address of any office required to be maintained i limited liability company is organized is:	in the state or other jurisdic	tion under the laws of which the	
	c/o The Corporation Trust Company, 1209 Orange Street, Wili	mington, DE 19801		
9.	The mailing address for the limited liability company is:		i l	
	15910 Ventura Blvd., 6th Floor, Encino, CA 91436		<u> </u>	
			-II ED	
			PIL 2008 011	
Fo	orm Na. 450		JUN 05 2008 JUN 05 2008	

Revised: 12/05

0.	Management of the Limited Liabi	lity Company:	
A.	The limited liability company is to no. 11.)	be managed x by its members. (If you have checked this box, go to item	
		<u>or</u>	
В.	The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)		
	<u>Manager</u>	Address	
		a certificate of good standing duly authenticated by the secretary of state or other	
		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:	2-25-08	Insurance Answer Center, LLC Print Exact Name of Limited Liability Company Making Application	
		Signature of authorized person Shellby Fogelman Secretary of Answer Financial Inc. as sole member	

# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "INSURANCE ANSWER CENTER, 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-FIRST DAY OF MAY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

2541405 8300

080584947

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6607508

DATE: 05-21-08

You may verify this certificate online at corp.delaware.gov/authver.shtml



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, 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:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

