

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**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**

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SECRETARY OF STATE  
CORPORATIONS DIV

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:  
Cornerstone Underwriting Partners, LLC
2. The name, if different, under which it proposes to register and transact business in Rhode Island is:  
N/A
3. The limited liability company is organized under the laws of Tennessee
4. The date of its organization is 05/13/2008
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 agent in Rhode Island is:  
155 South Main Street - Providence, RI 02903  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is CT Corp System  
(Name of Agent)
7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
800 Oak Ridge Turnpike # A-1000  
Oak Ridge, TN 37830
9. The mailing address for the limited liability company is:  
131 Dutchman Blvd.  
Irmo, SC 29063

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10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☒ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. 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> | <u>Address</u> |
|----------------|----------------|
|                |                |
|                |                |
|                |                |
|                |                |
|                |                |
|                |                |

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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: 11-11-09

Cornerstone Underwriting Partners, LLC  
Print Exact Name of Limited Liability Company-Making Application

By [Signature]  
Signature of authorized person

**Secretary of State**  
**Division of Business Services**  
**312 Rosa L. Parks Avenue**  
**6th Floor, William R. Snodgrass Tower**  
**Nashville, Tennessee 37243**

ISSUANCE DATE: 09/17/2009  
REQUEST NUMBER: 09260542  
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/13/2008  
STATUS: ACTIVE  
CORPORATE EXPIRATION DATE: PERPETUAL  
CONTROL NUMBER: 0577009  
JURISDICTION: TENNESSEE

TO:  
CORNERSTONE UNDERWRITING PARTNERS, LLC  
%ANNE HEATH  
131 DUTCHMAN BLVD  
IRMO, SC 29063-8330

REQUESTED BY:  
CORNERSTONE UNDERWRITING PARTNERS, LLC  
%ANNE HEATH  
131 DUTCHMAN BLVD  
IRMO, SC 29063-8330

**CERTIFICATE OF EXISTENCE**

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"CORNERSTONE UNDERWRITING PARTNERS, LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF  
FORMATION AND DURATION AS GIVEN ABOVE;  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;  
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;  
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND  
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/17/09

FROM:  
CORNERSTONE UNDERWRITING PARTNERS, LLC  
800 OAK RIDGE TPKE  
STE A-9000  
OAK RIDGE, TN 37830-0000

FEES  
RECEIVED: \$1,000.00 \$0.00  
TOTAL PAYMENT RECEIVED: \$1,000.00

RECEIPT NUMBER: 00004670009  
ACCOUNT NUMBER: 00642498



SS-4458

*Tre Hargett*  
TRE HARGETT  
SECRETARY OF STATE