

Filing Fee: \$50.00

ID Number: 000490554



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
BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section ~~7-1.2-105~~ ^{7-1.6-13} of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

1. The name of the ~~corporation~~ ^{*limited liability company*} is:
Wright Risk Management Company, LLC
2. The document to be corrected is **Application for Registration**
3. The document being corrected was originally filed on **01/23/2009**
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
3. The limited liability company is organized under the laws of New York.
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:
333 Earle Ovington Blvd, Suite 505, Uniondale, NY 11553-3624
5. The corrected portion of the document states as follows:
3. The limited liability company is organized under the laws of Delaware.
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: c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 06/15/10

FILED

JUN 17 2010

BY

120600

10:30

Gerard P. Elicks
Signature of Authorized Officer of the Corporation

Gerard P. Elicks
Type or Print Name of Authorized Officer

Delaware

PAGE 1

The First State

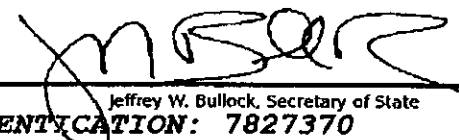
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WRIGHT RISK MANAGEMENT COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2010.

4532698 8300

100176735

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7827370

DATE: 02-22-10

Filing Fee: \$150.00

ID Number: 000490554



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, 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:

Wright Risk Management Company, 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 April 11, 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, Suite 301

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 Corporation 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:

c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street

Wilmington, DE 19801

9. The mailing address for the limited liability company is:

333 Earle Ovington Blvd, Suite 505

Uniondale, NY 11553-3624

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>
See Attachment	

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.

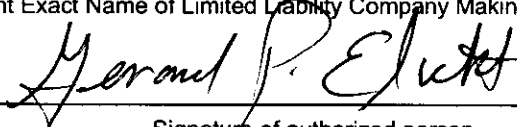
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 06/15/10

Wright Risk Management Company, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

NAME **BUSINESS OR RESIDENCE ADDRESS**

Fishlinger, William J.	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Fishlinger, Joan	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Elicks, Gerard P.	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Falcone, Ronald	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Bambino, Robert	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Jacobson, Gilbert R.	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Custer, Brian A.	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624
Marvin, William R.	c/o Wright Risk Management Company, LLC 333 Earle Ovington Blvd., Suite 505 Uniondale, New York 11553-3624

NAME

Hsia, Richard C.

c/o Wright Risk Management Company, LLC
333 Earle Ovington Blvd., Suite 505
Uniondale, New York 11553-3624

Sims, Steven E.

c/o Wright Risk Management Company, LLC
333 Earle Ovington Blvd., Suite 505
Uniondale, New York 11553-3624

Hayden, Douglas

c/o Wright Risk Management Company, LLC
333 Earle Ovington Blvd., Suite 505
Uniondale, New York 11553-3624

Trotter, Albert

c/o Wright Risk Management Company, LLC
333 Earle Ovington Blvd., Suite 505
Uniondale, New York 11553-3624

Lulley, Robert

c/o Wright Risk Management Company, LLC
333 Earle Ovington Blvd., Suite 505
Uniondale, New York 11553-3624

BUSINESS OR RESIDENCE ADDRESS



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

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

Secretary of State

