

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**

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:  
The Doctors Company Insurance Services, 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 California
4. The date of its organization is 12/03/2009
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:  
222 Jefferson Boulevard, Suite 200 Warwick, RI 02888  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is Corporation Service Company  
(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:  
The Doctors Company, 185 Greenwood Road Napa, CA 94558
9. The mailing address for the limited liability company is:  
The Doctors Company, 185 Greenwood Road Napa, CA 94558

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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>
<u>The Doctors Management Company</u>	<u>185 Greenwood Road, Napa, CA 94558</u>
<u> </u>	<u> </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: 12-12-11

The Doctors Company Insurance Services, LLC

Print Exact Name of Limited Liability Company Making Application

By Michael O'Donoghue  
Signature of authorized person

**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** THE DOCTORS COMPANY INSURANCE SERVICES, LLC

**FILE NUMBER:** 200934110109  
**FORMATION DATE:** 12/03/2009  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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SECRETARY OF STATE  
OFFICE OF THE SECRETARY OF STATE

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 6, 2012.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**

MMS



# 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 handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

