



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

| ID        | ENTITY NAME                   | CERTIFICATE TYPE          |
|-----------|-------------------------------|---------------------------|
| 000923524 | Self Insured Services Company | Good Standing Certificate |

**Total Fee: \$74.50**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: KARA KESSLER

Business Name: SELF INSURED SERVICES COMPANY

No. and Street: 800 MAIN STREET

City or Town: DUBUQUE

State: IA

Zip: 52001

Country: USA

Contact Phone: 5635875204 ext:

Contact Email: KKESSLER@SISCOBENEFITS.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**