Filing and License Fee: \$310.00 minimum



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

### **BUSINESS CORPORATION**

## **APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

<b>-</b> /	ame of the corporation is AppleCare	e Insurance Services	s. Inc.			
			,			
It is in	ncorporated under the laws of Califo	Ji III a				
The r	name, if different, which it elects to u	ise in Rhode Island is	S:			
"/	If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
`´q	e corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will ify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this ication:					
The d	ate of its incorporation is September	r 2, 2005	and the period of its duration is Perpetual			
The a	ddress of its principal office is 6131	Orangethorpe Aven	nue, Suite 280, Buena Park, CA 90620			
			is 450 Veterans Memorial Parkway, Suite 7A,			
ine a	dutess of its proposed registered of	acc in stated island	(Street Address, not P.O. Box)			
	East Providence	, RI <u>02914</u>	and the name of its proposed registered agent in Rhode Island a			
	(City/Town)	(Zip Code)				
that a	ddress is		C T Corporation System			
	1.1.1.2	•	• ,			
•		es to pursue in the tr	ansaction of business in Rhode Island are:			
Provi	der of insurance services.					
	The names and respective address by of which it is incorporated).	es of its directors (d	optional unless directors are required under the laws of the state of			
	<u>Name</u>		<u>Address</u>			
Direct	or Vinod Jivrajka		6131 Orangethorpe Avenue, Suite 280, Buena Park, CA 90620			
Direct	or Surendra Jain		6131 Orangethorpe Avenue, Suite 280, Buena Park, CA 90620			
Direct	rector William Munsell		9900 Bren Road East Minnetonka, MN 55343			
Direct	or Larry Renfro	FILED	13625 Technology Drive Eden Prairie, MN 55344			
	Director John Larsen IIII 1 . 2016		11020 Optum Circle Eden Prairie, MN 55344			
	lo. 150 d: 06/11	/L 14 2017	40			

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	<u>Name</u>			<u>Address</u>		
President Vinod .		rajka 6131 Orangethorpe Avenue, Suite		pe Avenue, Suite 280, Buena Park, CA 9062		
Vice President						
Treasurer						
Secretary	Surendra Ja	ain	6131 Orangethor	6131 Orangethorpe Avenue, Suite 280, Buena Park, CA 9062		
	umber of shares w , within a class, is		sue; itemized by classes, pa	ar value of shares, shares without par value,		
Number of S	<u>hares</u>	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value		
100,000		Common	<u></u>	Shares without Par Value		
0. (a) \$_50,000		= An estimate	of the value of all propert	ty to be owned by the corporation for the		
following ye	ar, wherever locat		The state of the property	, to 50 0 miles by the corporation to		
(b) \$ 6,000 Island during	the following yea		of the value of the corpora	ation's property to be located within Rhode		
(c) 12 the corporati	on to be located v	within this state during th	e following year bears to th	that the estimated value of the property of the value of all property of the corporation to y by 100 to obtain the percentage?		
1. (a) \$ 12,600,00		= An estimate	of the gross amount of bus	siness to be transacted by the corporation		
(b) \$ 100,000	llowing year. s of business in F	<ul> <li>and year.</li> <li>and a stimate of the gross amount of business to be transacted by the corporation at f business in Rhode Island during the following year.</li> </ul>				
transacted b	y the corporation will be transacte	at or from places of bus	iness in this state during the	n that the gross amount of business to be e following year bears to the gross amount ide (b) by (a) and multiply by 100 to obtain		
2. This application it is		y a certificate of Good S	Standing issued by the prop	er officer of the state or country under the		
3. This Application f	or Certificate of A	uthority shall be effective	upon filing unless a specifie	ed date is provided which shall be no later		
than the 90th day	after the date of t	this filing	,			
		A	application for Certificate of	eclare and affirm that I have examined this of Authority, including any accompanying statements contained herein are true and		
ata: 7-7-14	Į.					
ate: / - / - [-		_	Signature of Author	orized Officer of the Corporation		
		,	Vinod Jivrajka, M.D., Chief	Executive Officer		
		-		ame of Authorized Officer		

# State of California Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

APPLECARE INSURANCE SERVICES INC.

FILE NUMBER:

C2799385

FORMATION DATE:

09/02/2005

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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 July 11, 2014.

> **DEBRA BOWEN** Secretary of State