Filing Fee: $50.00 **ID Number:** 000521216

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

2014 NOV 21 PM 12:12
SECRETARY OF STATE
CORPORATIONS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: AMT Warranty Corp.
2. The fictitious business name to be used is AMT Workforce Benefits
3. The state or territory under the laws of which it is incorporated, organized or formed is DE
4. The date of incorporation, organization or formation is 07/23/2004
5. If a business corporation, the address of its registered office within Rhode Island is c/o Corporation Service Company, 222 Jefferson Boulevard, Suite 200, Warwick, RI 02888
6. If a business corporation, the business in which it is engaged Marketing a bundle of the Owner's products (i.e., mobile device protection plan; vehicle service contracts; identity fraud protection; table protection) to companies' workforce.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 11/10/14

AMT Warranty Corp.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED 12:12pm
NOV 21 2014
By 237117
ICM

By _____
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

Form No. 624
Revised: 12/05