Filing Fee: \$150.00



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

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:					
	Guggenheim Life 1099 Re	porting Company, LLC				
	This company has be	en duly organized in its state of format	ion as a low-profit limited liability compar	y. (Check box if applicable)		
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 <u>Delaware</u>					
4.	The date of its organization is July 9, 2014					
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 A	ddress, <u>not</u> P.O. Box)	(City/Town)	(Zip Code)		
	and the name of the res	sident 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:					
	2711 Centerville Road, Suite 400, Wilmington, DE 19808					
9.	The median address for	Ala a limata ad timbritis				
y .	The mailing address for the limited liability company is:					
	401 Pennsylvania Parkway, Suite 300					
	Indianapolis, IN 46280	FILED 12	:49 pm			
		DEC 10 2014	1			
Form No. 450 Revised: 07/12						
		ву 238286				
		U	CUL.			

A. The limited liability company is to be managed by its members. (If you have checked this box, go to item No. 11 – DO NOT LIST ANY NAMES IN SECTION B.) 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.) Manager	10.	Management of the Limited Liability Company (check one only):			
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.)	,	۹.	The limited liability company is to be n	managed by its members. (If you have checked this box, go to item	
company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				<u>or</u>	
Manager Address ——————————————————————————————————	E	company has managers at the time of the filing of these Articles of Organization, state the			
			<u>Manager</u>	<u>Address</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.					
12. The date this Application for Registration is to become effective, if later than the date of filing, is:	12. 7				
(not prior to, nor more than 30 days after, the filing of this Application for Registration)	-				
				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: November 25 , 2014 Guggenheim Life 1099 Reporting Company, LLC Print Exact Name of Limited Liability Company Making Application	Date:	<u>N</u>	lovember 25 , 2014		
By Stephen M. Coons Signature of Authorized Person				By Stephen M. Coope Signature of Authorized Person	

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GUGGENHEIM LIFE 1099 REPORTING

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-FOURTH

DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUGGENHEIM LIFE 1099 REPORTING COMPANY, LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W Bullock, Secretary of **AUTHENTY CATION: 1892695**

DATE: 11-24-14

iou may verify this certificate onlin at corp.delaware.gov/authver.shtml