

Filing Fee: \$50.00

ID Number: 180915



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

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

2015 MAR 26 AM 9:23  
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:  
ZON Re-USA, LLC
2. The fictitious business name to be used is Group Benefit Options
3. The state or territory under the laws of which it is incorporated, organized or formed is Nevada
4. The date of incorporation, organization or formation is 09/16/2003
5. If a business corporation, the address of its registered office within Rhode Island is \_\_\_\_\_  
CT Corporation System, 450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914
6. If a business corporation, the business in which it is engaged Insurance services.
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: 3.23.15

9:23 Am  
**FILED**

MAR 26 2015

By 245575  
KM

ZON Re-USA, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]  
Signature of Authorized Officer of the Corporation

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company  
William Brian Harrigan, Manager

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea  
*Secretary of State*

