Filing Fee: $50.00

ID Number: 180915

2015 MAR 26 AM 9:23
SECRETARY OF STATE
CORPORATIONS DIV

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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 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

Form No. 624
Revised: 12/05

RI016 - 12/16/2005 C T System Online