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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 APR -3 AM 8:31
SECRETARY OF STATE
CORPORATIONS DIV

**APPLICATION FOR
RESERVATION OF ENTITY NAME**

The undersigned applicant hereby applies for reservation of the following entity name for a non-renewable period of one hundred twenty (120) days from the date of this filing (other than as provided under Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended).

Starr Indemnity & Liability Company

(Name to be Reserved)

The name is being reserved for the following type of entity pursuant to the applicable statutory provision:

(Check One Only)

- | | <u>Filing Fee</u> |
|---|--------------------------|
| <input checked="" type="checkbox"/> <u>Business Corporation</u> (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Limited Partnership</u> (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Limited Liability Company</u> (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$50.00)</u> |
| <input type="checkbox"/> <u>Non-Profit Corporation</u> (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended. | <u>(\$20.00)</u> |

The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the Secretary of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.

FILED ✓

APR 03 2015

BY Mr 246182
8:31

Date: 4/1/2015

Name and Address of Applicant:

CT Corporation System

450 Veterans Memorial Parkway-Suite 7A

East Providence, RI 02914

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

Submitted by:

[Signature]
(Signature)

(Address, if different from above)