

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 JUN 24 AM 11:15

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:
RLI Underwriting Services, Inc.
2. The fictitious business name to be used is Lindbergh Insurance Group
3. The state or territory under the laws of which it is incorporated, organized or formed is Illinois
4. The date of incorporation, organization or formation is 08/22/61
5. If a business corporation, the address of its registered office within Rhode Island is _____
222 Jefferson Blvd., Suite 200, Warwick, RI 02888
6. If a business corporation, the business in which it is engaged insurance agency
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: June 24, 2015

RLI Underwriting Services, Inc.
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

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED

JUN 24 2015

By 251526

A-A- 11:15 A.M.