# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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CORPORATIONS DIV
2015 AUG -3 PM 2:00

## 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 Insurance Limited 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)***

| | | Filing Fee |
|---|---|---|
| ☑ | Business Corporation (including professional and foreign corporations) pursuant to Section 7-1.2-403 of the General Laws of Rhode Island, 1956, as amended. | ***($50.00)*** |
| ☐ | Limited Partnership (including foreign limited partnerships) pursuant to Section 7-13-3 of the General Laws of Rhode Island, 1956, as amended. | ***($50.00)*** |
| ☐ | Limited Liability Company (including foreign limited liability companies) pursuant to Section 7-16-10 of the General Laws of Rhode Island, 1956, as amended. | ***($50.00)*** |
| ☐ | Non-Profit Corporation (including foreign non-profit corporations) pursuant to Section 7-6-11.1 of the General Laws of Rhode Island, 1956, as amended. | ***($20.00)*** |

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.

Name and Address of Applicant:

**CT Corporation System**
**450 Veterans Memorial Parkway-Suite 7A**
**East Providence, RI 02914**

FILED
AUG 03 2015
BY 252030
2:00

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

Submitted by:

*(Signature)*

*(Address, if different from above)*

Date: **8/3/2015**

Form No. 620
Revised: 12/05