Filing Fee: \$50.00

ID Number: 272808



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:

	and a restorment for additional to managed business in	the state of knode island under a fictitious busine	ss nam	16
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is: HCC Medical Insurance Services, LLC			
2.	The fictitious business name to be used is	Marine HCC - Medical Insurance Services Grou	ρ	······································
3.	The state or territory under the laws of which it is in	corporated, organized or formed is Wisconsin	hanga angaranda ma _{ree} ,	6
4.	The date of incorporation, organization or formation	is <u>08/10/2005</u>	2016	<u> </u>
5.	to address of its registered office within Knoos Island is			
	450 Veterans Memorial Pkwy, Suite 7A, East Pro	ovidence, RI 02914		
6.	The same and become of the property of the second of the s	engaged The business of insurance functioning	1 936 91	non-
	resident insurance agency.		* 4	< 5
7.	Applicant is otherwise authorized to do business in	the state of Rhode Island.	25	[7]
Dal	e: 9/13/16	Under penalty of perjury, I declare that the inform herein is true and correct. HCC Medical Insurance Services, LLC	nation (contained
Ja	· manufacture Tamban professionance	Name of Applicant Corporation, Limited Liability Company or	mited	Partnerehin
	11:56 Am	By Signature of Authorized Officer of the Corporation		orbier ship
	FILED	<u>or</u>		
	OCT 0 7 2016	By Signature of Authorized Person for the Limited Lie	ibility C	ompany
	y 285485	<u>or</u>		
	Iau	Signature of Authorized Person for the Limited Pa	rtnersh	

Form No 624 Revised: 12/05