Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335

### **BUSINESS CORPORATION**

### **APPLICATION FOR CERTIFICATE OF AUTHORITY** (To Be Filed In Duplicate Original)

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby

	plies for a Certificat tement:	e of Authority to transact busing	ess in the state of Rhode Island, and for that purpose submits the following						
1.	The name of the co	rporation is American Medic	al and Life Insurance Company						
2.	It is incorporated un	der the laws of New York							
3.	The name, if different, which it elects to use in Rhode Island is:								
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:								
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation we qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with the application:								
4.	The date of its incor	ne date of its incorporation is December 17, 1964 and the period of its duration is Perpetual							
	The address of its principal office in the state or country under the laws of which it is incorporated is  35 Broadway,  Hicksville, NY 11801								
6.	The address of its proposed registered office in Rhode Island is 170 Westminster Street, Suite 900								
	(Street Address, not P.O. Box)								
	Providence , RI_		and the man of the brokeness regionals again in thiode latering at						
			(Zip Code)						
	that address is <u>Co</u>	rporation Service Company	FILED						
			(Name of Agent)						
7.	The specific purpose	or purposes which it proposes to	o pursue in the transaction of business in Rhode blank at 2003						
	Life and Health I	neuranaa	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
	Life and nearing	Isurance							
			322348						
ρ -	The names and reer	pective addresses of the directors	and officers are:						
υ.	The names and resp		20-						
	D: .	<u>Name</u>	<u>7000.693</u>						
	Director	Lorraine Classi	10 Hidden Pines Way, Bohemia, NY 11716						
	Director	Lee Jarmolowsky	76 Strathmore Village Dr., So. Setauket, NY 11733						
	President	Jules V. Lane Thomas J. Force, Esq.	Cedar Knolls Road, Sands Point, NY 11050						
	Vice President Treasurer	Norman Beckoff	5 Bryans Court, West Islip, NY 11795 c						
		<del></del>	31-10 Hillside Terrace, Fair Lawn, NJ 07410  122 Santa Barbara Dr. Plainview NY 11803						
	Secretary	Beverly Munter	122 Santa Barbara Dr., Plainview, NY 11803 🚕 🚫 🦠						

Form No. 150 Revised: 01/99

_	Number of Shares	Class Commort	<u>Series</u>	Par Value or Statement that Shares are without Par Value 4 20.00
Th wi	ne aggregate number of its issue thin a class, is:	d shares, itemized by classo	es, par value of shares,	shares without par value, and series, if any
	Number of Shares	Class Common	<u>Series</u>	Par Value or Statement that Shares are without Par Value
(a)	An estimate of the value of	all property to be owned	by the corporation fo	or the following year, wherever located, is
(b)	An estimate of the value of \$	the corporation's property	to be located within	Rhode Island during the following year is
(c)	located within this state during	the following year bears to	the value of all property	alue of the property of the corporation to be y of the corporation to be owned during the ultiply by 100 to obtain the percentage].
(a)	An estimate of the gross an \$	nount of business to be t	ransacted by the cor	rporation during the following year is
(b)	An estimate of the gross am Island during the following year	nount of business to be tran	nsacted by the corporat	ion at or from places of business in Rhode
(c)	corporation at or from places of	r dusiness in this state durir	ng the tollowing year be	nount of business to be transacted by the ears to the gross amount thereof which will ide (b) by (a) and multiply by 100 to obtain
Thi by	is application is accompanied by the secretary of state or other au	certified copies of its article athorized officer of the jurisdi	es of incorporation and ction of its incorporation	all amendments thereto, duly authenticated n.
: <u> </u>	7-1-03	Ar	Print Exact Name of	of Corporation Making Application
		Ву _	☐ Præsident or	Vice President (check one)
		<b>n</b> .	Benely	AND
		ву _	<del></del>	Hance
TE	OF New Volu	БУ _	Secretary or	Assistant Secretary (check one)
	OF New YORK IYOF NASSAU	Бу	Secretary or	
re i		respectively the c	orporation and that h	Assistant Secretary (check one)  , 2003, personally appeared the first duly sworn, declared that he/she e/she signed the foregoing document as



# AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

35 Broadway . P.O. Box 546 . Hicksville, NY 11802-0546

Telephone: 516-822-8700 ext. 209 • Outside (516): 800-822-0004 ext. 209 • Fax: 516-931-1010 E-mail: tforce@amlico.com

> Thomas J. Force Chief Executive Officer General Counsel

Re: Certificate of Authority Filing for the State of Rhode Island

Pursuant to the attached copy of the Resolution, of the Board of the American Medical and Life Insurance Company ("AMLICO") dated June 9, 2003, AMLICO hereby authorizes Frank Cripps, Tom Coulter and Susan Coulter of Coulter & Associates to represent AMLICO with their Certificate of Authority Applications.

Thomas J. Force

CEO & General Counsel

# RESOLUTION OF THE BOARD OF DIRECTORS OF

# AMERICAN MEDICAL AND LIFE INSURANCE COMPANY

On this date, June 9, 2003, at the meeting of the Board of Directors, after discussions and upon motion made, seconded and unanimously adopted it is

RESOLVED, that the Company hereby ratifies the resolution with authority entered into by the Company on June 9, 2003 which resolution has authorized Frank Cripps, Tom Coulter, Susan Coulter and Coulter & Associates, to represent the Company with their Certificate of Authority application. The Company seeks to become licensed to transact the business of insurance in seventeen (17) additional states.

WHEREOF, I have this date subscribed my name and affix the seal of the corporation.

Assistant Secretary

Date

Officer other than Secretary