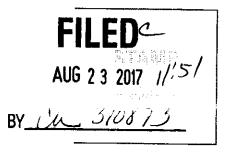
	2011 2011	
State of Rhode Island and Providence Plantations Department of State - Business Services Division	DEPTO	
Application for Registration FOREIGN Limited Liability Company		
→ Filing Fee: \$150.00		
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:		
1. The name of the limited liability company is:		
InsuraMatch, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company?	Yes No	
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 10/27/1999		
And the period of its duration is: CHECK ONLY ONE BOX		
Perpetual (on-going)		
Date certain for dissolution		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick Zip Code RHODE ISLAND	02888	
5. The Department of State is appointed the agent of the foreign limited liability company for service of pl time there is no resident agent or if the resident agent cannot be found or served following the exercise of diligence.	rocess if at any of reasonable	
6. The address of any office required to be maintained in the state or other jurisdiction under the laws of liability company is organized is:	which the limited	
c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808		

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov



7. The mailing address for the firsteric list		
7. The mailing address for the limited liability company is:		
695 Atlantic Avenue, Boston, MA 02111		
8. Management of the Limited Liability Co	mpany:	
The limited liability company is managed:		
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the chart below.)	
By one (1) or more managers (List m	anagers below)	
MANAGER	ADDRESS	
Marc V. Buro	695 Atlantic Avenue, Boston, MA 02111	
Hal Belodoff	695 Atlantic Avenue, Boston, MA 02111	
Timothy J. Byrne	115 Harbor Road, Marmora, NJ 08223	
Colleen M. Granahan	695 Atlantic Avenue, Boston, MA 02111	
9. This application is accompanied by a C state or country under the laws of which it	ertificate of Good Standing/Letter of Status issued by the proper officer of the is formed that is dated within 60 days of the filing of this document.	
10. Date when this application for Certificate of Registration will be effective: CHECK ONLY ONE BOX		
Date received (Upon filing)		
Later effective date (Date must be no more than 30 days from the day of filing)		
accompanying attachments, and that all st	rm that I have examined this Application for Registration, including any tatements contained herein are true and correct.	
Type or Print Name of LLC Date ,		
InsuraMatch, LLC / / / / / / / / / / / / / / / / / /		
Signature of Authorized Person	SIGN BOCUMENT HERE	
V		

Exhibit A

InsuraMatch, LLC

Additional Managers

Name: Keith R. Jensen

Title:

Manager

Business Address: 695 Atlantic Avenue, Boston, MA 02111



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INSURAMATCH, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INSURAMATCH, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

2017 AUG 23 AM 11:



3117241 8300 SR# 20175812733 You may verify this certificate online at corp.delaware.gov/authver.shtml

ry W. Bull ick, Secretary of State

Authentication: 203092172 Date: 08-21-17

Page 1



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

August 23, 2017 11:51 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

