

## Amendment to Application for Registration FOREIGN Limited Liability Company

amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:  1. Entity ID Number:  000853820  2. The name of the limited liability company is:  Saganaw Insurance Agency, LLC  3. If the entity's name is changing, state the new name:  Check the box to indicate in transact business in Rhode Island is:  4. If the period of duration has changed in the home state, complete the following section: CHECK ONE BOX  Perpetual (on-going)  Date certain for dissolution  Check the box to indicate in the following section:  Check the box to indicate in the following section:  Check the box to indicate in the following section:  Check the box to indicate in the following section:  401 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280, Attn: Compliance Dept.  Check the box to indicate in the State of Rhode Island.  Check the box to indicate in the State of Rhode Island.  Check the box to indicate in the State of Rhode Island 02904-2615  Thene: (401) 222-3040  Website: www.sos.ni.gov  MAR 1 6 2018			inpuriy	Official Chillica Clability Col
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8. If the management structure ha	as changed, complete the following section:				
The Limited Liability Company is	to be managed by: CHECK ONLY ONE BOX				
Its member(s) (If you have c	hecked this box, skip to Section 9. DO NOT fill out the cha	irt on the next page.)			
One (1) or more manager(s) (If the limited liability company has manager(s) at the time of the filing of this Amendment to the Application for Registration, state the name and address of each manager.)					
MANAGER	ADDRESS	· · · · · · · · · · · · · · · · · · ·			
Check the box to indicate no change					
9. As required by RIGL 7-16-67, the limited liability company has paid all fees and taxes.					
10. Except as herein modified, the original Application for Registration continues in full force and effect and is hereby confirmed, by a person with authority, by reference into this Amendment to the Application for Registration.					
11. Date when this Amendment to the Application for Registration will be effective: CHECK ONE BOX ONLY					
✓ Date received (Upon filing)					
Later effective date (Date must be no more than 30 days from the date of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Amendment to the Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of Limited Liabilit	y Compary	Date			
Saganaw Insurance Agend	y, LLC	3/ <i>13</i> /2018			
Signature of Authorized Person					
Stephen M. Coons, Authorized Person					