

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:

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purpose submits the following statement.				
The name of the limited liability company is:		25 수 전 		
Cervus Claim Solutions, LLC		ين.		
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:				
The LLC is organized under the laws of: Delaware				
3. The date of its organization is: August 1, 2017				
And the period of its duration is: CHECK ONLY ONE BOX				
X Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhode Is	sland is:			
Agent Name C T Corporation System				
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence,	tate RHODE ISLAND	Zip Code 02914		
5. The Department of State is appointed the agent of the foreign time there is no resident agent or if the resident agent cannot be diligence.	limited liability company for a found or served following the	service of process if at any e exercise of reasonable		
6. The address of any office required to be maintained in the stalliability company is organized is: Corporation Trust Center, 1209 Orange St., Wilmin		the laws of which the limited		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov AUG 1 5 2018 976

FORM 450 - Revised: 08/2016

7. The mailing address for the limited liability company is:				
One Hartford Plaza, Hartford, CT 06155				
8. Management of the Limited Liability Company:				
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 managers below)				
MANAGER	ADDRESS			
Douglas G. Elliot	One Hartford Plaza, Hartford, CT 06155			
John J. Kinney	One Hartford Plaza, Hartford, CT 06155			
9. This application is accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it 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				
X Date received (Upon filing)				
Later effective date (Date must be no more than 30 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.				
Type or Print Name of LLC		Date		
Cervus Claim Solutions, LLC		August 7, 2018		
Signature of Authorized Parson SIGN DOCUMENT HERE				

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CERVUS CLAIM SOLUTIONS, 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 THIRTEENTH DAY OF AUGUST, A.D. 2018.

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

TAYS OF THE PROPERTY OF THE PR

Authentication: 203237734

Date: 08-13-18

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