



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000078302	Affiliated FM Insurance Company	Certificate of Legal Existence - Long Form

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Vinod singh

Business Name: Thomson reuters

No. and Street: RMZ infinity
old madras road

City or Town: Bangalore State: Zip: 56003 Country: IND

Contact Phone: 8660502227 ext:

Contact Email: V.singh@thomsonreuters.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.