

Filing Fee: \$150.00

ID Number:

150037



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

05 AUG 23 AM 11:56
SECRETARY OF STATE
CORPORATIONS DIV.

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, 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:

Insurance Profitment Solutions, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

3. The limited liability company is organized under the laws of Ohio

4. The date of its organization is 4/11/2005

5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street

Providence

RI 02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is CT Corporation System

(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

400 Broadway, Cincinnati, OH 45202

9. The mailing address for the limited liability company is:

400 Broadway, Cincinnati, OH 45202

FILED

AUG 23 2005

By

[Signature] 150037

10. Management of the Limited Liability Company:

- A. The limited liability company is to be managed ☐ by its members. *(If you have checked this box, go to item no. 11.)*

or

- B. The limited liability company is to be managed ☒ by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
See Attachment	

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

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.

Date: 8/10/05

Insurance Profitment Solutions LLC

Print Exact Name of Limited Liability Company Making Application

By

Robert J. Paul

Signature of authorized person

Insurance Profitment Solutions, LLC
Managers / Officers as of 4-11-2005

Managers

Robert J. DalSanto
Joseph H. Lynch
William J. McDermott
Michael J. Altenau
James J. Vance

HOME ADDRESS

6071 Windy Hollow Court, Loveland, Ohio 45140
6875 O'Bannon Bluff, Loveland, Ohio 45140
6464 Windrift Ct., Loveland, Ohio 45140
124 Clarebluff Ct., Cincinnati, Ohio 45238
124 St. Johns Road, Ft. Mitchell, KY 41011

WORK ADDRESS

400 Broadway Cin OH 45202
400 Broadway Cin OH 45202
400 Broadway Cin OH 45202
400 Broadway Cin OH 45202
400 Broadway Cin OH 45202

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6875 O'Bannon Bluff, Loveland, Ohio 45140
124 Clarebluff Ct., Cincinnati, Ohio 45238
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**United States of America
State of Ohio
Office of the Secretary of State**

*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show **INSURANCE PROFILLMENT SOLUTIONS, LLC**, an Ohio Limited Liability Company, Registration Number 1534804, was organized within the State of Ohio on April 11, 2005, is currently in **FULL FORCE AND EFFECT** upon the records of this office.*



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of August, A.D. 2005*

A handwritten signature in cursive script that reads "J. Kenneth Blackwell".

Ohio Secretary of State

Validation Number: V2005220A4E8C5