



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Certificate of Authority FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: MG Insurance Company		
2. It is incorporated under the laws of: Arizona		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 05/07/2010 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 8601 North Scottsdale Rd., Suite 300, Scottsdale, AZ 85253		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

MAIL TO:

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

FILED

OCT 22 2019

12:17

BY 57BK9

FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Transaction of insurance business (Medicare Part D Employer Group Waiver Plan; application pending before Rhode Island Department of Business Regulation, Insurance Division.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Frederick Howe	10181 Scripps Gateway Ct., San Diego, CA 92131
James L. Gollaher	10181 Scripps Gateway Ct., San Diego, CA 92131
Dale R. Brown	10181 Scripps Gateway Ct., San Diego, CA 92131
Damien G. Barr	10181 Scripps Gateway Ct., San Diego, CA 92131

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Damien G. Barr	10181 Scripps Gateway Ct., San Diego, CA 92131
VICE PRESIDENT		
TREASURER	Damien G. Barr	10181 Scripps Gateway Ct., San Diego, CA 92131
SECRETARY	James L. Gollaher	10181 Scripps Gateway Ct., San Diego, CA 92131

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
3,000,000	Common Stock	N/A	\$1.00

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

7 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer

Date

Damien G. Barr, President & Treasurer

10/15/19

Signature of Authorized Officer of the Corporation

 Signature of Authorized Officer of the Corporation

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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STATE OF ARIZONA



RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 OCT 22 PM 12:17

Office of the CORPORATION COMMISSION

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

THE EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION DOES HEREBY CERTIFY THAT THE RECORDS IN THIS OFFICE SHOW THAT

MG INSURANCE COMPANY

AN ARIZONA CORPORATION, DID ON THE 7TH DAY OF MAY 2010 FILE ARTICLES OF INCORPORATION AS A DOMESTIC INSURER.

IN WITNESS WHEREOF, I have hereunto set my hand and the official seal of the Arizona Corporation Commission on this date:
7 Day of October, 2019 A.D.



Matthew Neubert

Matthew Neubert, Executive Director

By: *Irene Flores*

IRENE FLORES

ATTACHMENT TO RI039

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

Director 5

Thomas E. Hutton
10181 Scripps Gateway Ct., San Diego, CA, USA, 92131

Director 6

Michael J. Miller
8601 North Scottsdale Rd., Suite 300, Scottsdale, AZ, USA, 85253



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:

October 22, 2019 12:17 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

