

Filing Fee: \$150.00

ID Number:

132644



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  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-16-49 of the General Laws, 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:

WS Insurance Services, 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 Virginia

4. The date of its organization is 10/29/1971

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:

170 Westminster Street, Suite 900

Providence

RI

02903

(Street Address, not P.O. Box)

(City/Town)

(Zip Code)

and the name of the resident agent at such address is

Corporation Service Company

(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:

c/o Corporation Service Company, 11 South 12th Street, P.O. Box 1463

Richmond, VA 23218

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

c/o Corporation Service Company, 2711 Centerville Rd., Suite 400

Wilmington, DE 19808

RECEIVED  
JUN 12 2003  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED  
JUN 12 2003  
By OB #9

10. The limited liability company is to be managed by:

(Check one box only)

☐ its members or ☒ by one (1) or more managers

11. If the limited liability company has managers at the time of filing this application, please list the name and address of each manager:

<u>Manager</u>	<u>Address</u>
Richard Randa	901 E. Byrd Street, Richmond, VA 23219
Robert Vorlop	901 E. Byrd Street, Richmond, VA 23219
Paul Costello	901 E. Byrd Street, Richmond, VA 23219

12. 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.

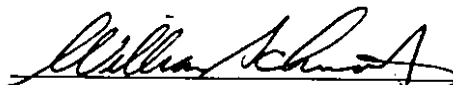
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: June 6, 2003

WS Insurance Services, LLC

Print Exact Name of Limited Liability Company Making Application

By



Signature of authorized person

AVP, First Fidelity Insurance Services  
of Delaware, Inc., sole member

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

A certificate of organization was issued by the Commission to WS Insurance Services, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 01, 2003.

This certificate is in effect as of this date.

As of this date all fees assessed by this Commission have been paid.

Nothing more is hereby certified.

*Signed and Sealed at Richmond on this Date:  
June 5, 2003*



*Joel H. Peck*  
\_\_\_\_\_  
Joel H. Peck, Clerk of the Commission