Filing Fee: \$150.00

License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 04-3257126

120565



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, the undersigned foreign corporation hereby

# RECEIVED

**BUSINESS CORPORATION** 

AUG 1 7 2001 HA

APPLICATION FOR CERTIFICATE OF AUTHORITHISURANCE DIVISION
(To Be Filed In Duplicate Original)

sta	atement:				and for that purpose submits the following					
1	The name of the	corporation is	Stop Loss Ins	surance Brokers ,	Inc. g.					
	It is incorporated		Massachusetts		· 					
3.	The name, if diffe	erent, which it e	elects to use in Rhode Isla	and is:						
	"incorporate	ed," or "limited,			ontain the word "corporation," "company," corporation with the addition of one of the					
	(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 in-	corporation is_	December 28,	1994 and the period of its	duration is until present					
5.	The address of it	s principal offic k_Plaza,	ce in the state or country Suite 912, Bo	under the laws of which it is instant	corporated is					
6	The address of its proposed registered office in Rhode Island is 10 Weybosset Street									
	Providence 02903 (Street Address, <u>not P.O. Box)</u>									
		<del></del>	RI	and the name of its p	roposed registered agent in Rhode Island at					
	(City/Town) (Zip Code) C T Corporation System									
	that address is	<del>- · · · · · · · · · · · · · · · · · · ·</del>								
			,	(Name of Agent)						
7	The specific purp	ose or purpose	es which it proposes to pr	ursue in the transaction of busi	ness in Rhode Island are:					
	To act	as an i	nsurance agent	or broker.						
8.	The names and r	respective addr	resses of the directors an	d officers are:						
		<u>Name</u> <u>Address</u>								
	Director	Paul	L. Flynn	330 Beacon Stre	eet, 93B, Boston MA 02116					
	Director	<del></del>	se A Dovle	· · · · · · · · · · · · · · · · · · ·	reet. #2. Charlestown MA 02					
	President		A. Doyle	as above						
	Vice Preside	ent n/a	1		FILED					
	Treasurer	Paul	L. Flynn	as above						
	Secretary		2000		<del></del>					

Form No. 150 Revised: 01/99

	Number of Shares	Class	Series	Par Value or Statement that Shares are without Par Value
_	200,000	Common	<del></del>	\$.01
_	<u></u>		<del></del>	
D. Th	e aggregate number of its issu hin a class, is:	ed shares, itemized by c	asses, par value of shares	, shares without par value, and series, if an
-	Number of Shares	Class	<u>Series</u>	Par Value or Statement that Shares are without Par Value
		Common		\$,01
— I. (a)	An estimate of the value \$ 200,000	of all property to be ov	wned by the corporation	for the following year, wherever located,
(b)	An estimate of the value s	of the corporation's prop	perty to be located within	n Rhode Island during the following year
(c)	located within this state during	ng the following year bear	rs to the value of all prope	ralue of the property of the corporation to lifty of the corporation to be owned during the multiply by 100 to obtain the percentage]
!. (a)				orporation during the following year
(b)	An estimate of the gross Island during the following years	amount of business to bear is \$ 200,000	e transacted by the corpor	ation at or from places of business in Rhod
(c)	corporation at or from places	s of business in this state	during the following year	mount of business to be transacted by the bears to the gross amount thereof which will be also
Thi by	s application is accompanied the secretary of state or other	by certified copies of its a authorized officer of the j	irticles of incorporation and urisdiction of its incorporat	d all amendments thereto, duly authenticate ion.
ete: _	<del>August 15, 200</del> 1		Stop Loss Insur Print Exact Name	ance Brokers, Inc
			Denise A. D	Doyle Meruse a Mag
	·		President or	☐ Vice President (check one)
			Ву	AND
	Δ		Secretary or	☐ Assistant Secretary (check one)
TATE	OF Massachus	ytts		
fore	In Baston	on this //off	day of Augu	personally appear
the _	President	soyce	the corporation and that	me first duly sworn, declared that he/s he/she signed the foregoing document
	ficer of the corporation, and	I that the statements h	erein contained are true.	1 11 10 11
ch oi	moor or the corporation, and	a that the statements in	SAMMIN	C. TRAIN Ital

## 485774

### THE COMMONWEALTH OF MASSACHUSETTS

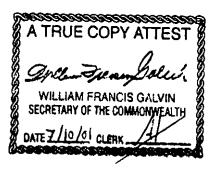
#### **ARTICLES OF ORGANIZATION**

GENERAL LAWS, CHAPTER 156B, SECTION 12

duly submitted to me. Happen and the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles; and the ling fee in the amount of \$200 having been paid, said articles are deemed to have been fully with me this day of DECEMBEX

Effective date

FILING FIE: 1/10 of 1% of the total amount of the authorized capital stock, but not less than \$200.00. For the purpose of filing, shares of stock with a par value less than one dollar or no par stock shall be deemed to have a par value of one dollar per share.



## PHOTOCOPY OF ARTICLES OF ORGANIZATION TO BE SENT

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	2110	ord Floor Oston, MA 0:	
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