

Filing Fee: \$150.00
License Fee: \$15.00 minimum (§7-1.1-124)

ID Number: 111372



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

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

Pursuant to the provisions of Section 7-1.1-103 of the General Laws, 1956, as amended, 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 EmployeeMatters Insurance Agency, Inc.
2. It is incorporated under the laws of Connecticut
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:
n/a
(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:
n/a
4. The date of its incorporation is 12/22/1999 and the period of its duration is Perpetual
5. The address of its principal office in the state or country under the laws of which it is incorporated is 9A Riverbend Drive South, Stamford, CT 06907
6. The address of its proposed registered office in Rhode Island is 10 Weybosset Street
(Street Address, not P.O. Box)
Providence RI 02903 and the name of its proposed registered agent in Rhode Island at
(City/Town) (Zip Code)
that address is CT CORPORATION SYSTEM
(Name of Agent)
7. The specific purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
To provide insurance agent and broker services and to engage in any other lawful activity permitted to corporations qualified to do business in Rhode Island.
8. The names and respective addresses of the directors and officers are: See Exhibit A.

	<u>Name</u>	<u>Address</u>
Director		
Director		
President		
Vice President		
Treasurer		
Secretary		

FILED

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By [Signature]

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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 Statement that Shares are without Par Value
1,000	Common Stock	n/a	\$0.01

10. The aggregate number of its issued shares, 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 Statement that Shares are without Par Value
1,000	Common Stock	n/a	\$0.01

11. (a) An estimate of the value of all property to be owned by the corporation for the following year, wherever located, is \$ 0.
- (b) An estimate of the value of the corporation's property to be located within Rhode Island during the following year is \$ 0.
- (c) An estimate, expressed 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, is 0 %. [divide (b) by (a) and multiply by 100 to obtain the percentage].
12. (a) An estimate of the gross amount of business to be transacted by the corporation during the following year is \$ 100,000.
- (b) An estimate 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 is \$ 1,000.
- (c) An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year is 1 % [divide (b) by (a) and multiply by 100 to obtain the percentage].
13. This application is accompanied by certified copies of its articles of incorporation and all amendments thereto, duly authenticated by the secretary of state or other authorized officer of the jurisdiction of its incorporation.

Date: February 22 2001

EmployeeMatters Insurance Agency, Inc.

Print Exact Name of Corporation Making Application

By [Signature]

☒ President or ☐ Vice President (check one)

By [Signature] AND [Signature]

☐ Secretary or ☒ Assistant Secretary (check one)

STATE OF Massachusetts
COUNTY OF Suffolk

In Massachusetts, on this 22 day of February, 2001, personally appeared before me Elliot Coxworth and Virginia Coles who, being by me first duly sworn, declared that he/she is the President and Assistant Secretary of the corporation and that he/she signed the foregoing document as such officer of the corporation, and that the statements herein contained are true.

[Signature]
Notary Public

My Commission Expires: 8/9/2007

EXHIBIT A

EMPLOYEE MATTERS INSURANCE AGENCY, INC.

OFFICERS AND DIRECTORS

Officers

<u>Name:</u>	<u>Title:</u>	<u>Address:</u>
Elliot S. Cooperstone	President	c/o EmployeeMatters Insurance Agency, Inc. 9A Riverbend Drive South Stamford, CT 06907
Greg J. Santora	Vice President	c/o Intuit Inc. 2632 Marine Way Mountain View, CA 94043
Linda Fellows	Vice President, Chief Financial Officer, Treasurer	c/o Intuit Inc. see above
Andrew Mouradian	Vice President	c/o EmployeeMatters Insurance Agency, Inc. see above
Christopher M. Mulhall	Vice President	c/o EmployeeMatters Insurance Agency, Inc. see above
Catherine L. Valentine	Secretary	c/o Intuit Inc. see above
Virginia R. Coles	Assistant Secretary	c/o Intuit Inc. see above


Directors

	<u>Address:</u>
Greg J. Santora	c/o Intuit Inc. see above
Elliot S. Cooperstone	c/o EmployeeMatters Insurance Agency, Inc. see above

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 26th day of February A.D. 2001



SECRETARY OF THE STATE *mc*