

I.D.# 822283



State of Rhode Island
Department of State - Business Services Division

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BUSINESS DIV
2020 SEP 25 PM 1:05

Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,
Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

The undersigned applicant applies for transfer of the following entity name for a non-renewable period of 120 days from the date of the **ORIGINAL** filing (pursuant to RIGL 7-1.2-403, 7-13-3, 7-16-10, and 7-6-11.1), the undersigned hereby transfers:

1. The name of the entity following transfer is:		
INSURACTIVE LLC		
2. The undersigned duly qualified foreign: (check one box ONLY)		
Non-Profit Corporation	<input checked="" type="checkbox"/> Business Corporation	Limited Liability Company
Limited Partnership	Limited Liability Partnership	
3. Submits the following Application for the purpose of transferring its authority to a: (check one box ONLY)		
Limited Partnership	<input checked="" type="checkbox"/> Limited Liability Company	Business Corporation
Limited Liability Partnership	Non-Profit Corporation	
4. The name of the entity filing this application for transfer is:		
INSURACTIVE, INC.		
5. The date on which the entity filing this application qualified to conduct business in the State of Rhode Island is:		
08/16/2013		
6. The jurisdiction upon transfer of authority is:		
Nebraska		
7. The name of the entity following the transfer of authority is:		
INSURACTIVE LLC		
8. The application for transfer of authority is filed as an accompanying certificate to the: (check one box ONLY)		
Certificate of registration for a limited partnership		
<input checked="" type="checkbox"/> Application for registration for a limited liability company		
Application for certificate of authority for a business corporation		
Application for certificate of authority for a non-profit corporation		
Notice of registration for a registered limited liability partnership		
8(a). The application for transfer of authority is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.		

FILED A.A.
SEP 25 2020 1:05 PM.
BY F3551

9. TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.

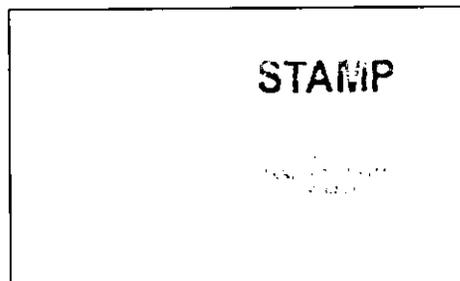
Print Name of Corporation INSURACTIVE, INC.	Date 9/2/2020
Signature of Authorized Person	
Signature of Authorized Person	

Print Name of Partnership	Date
Signature of Partner	
Signature of Partner	
Signature of Partner	

Print Name of Limited Liability Company	Date
Signature of Authorized Person	
Signature of Authorized Person	

Print Name of Other Entity	Date
Signature of Authorized Person	
Signature of Authorized Person	

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



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.



State of Rhode Island
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,
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:

September 25, 2020 01:05 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

