

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

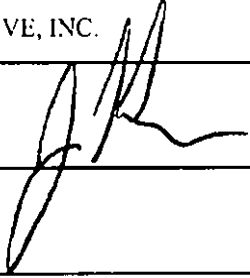
**Application for Transfer of Authority**

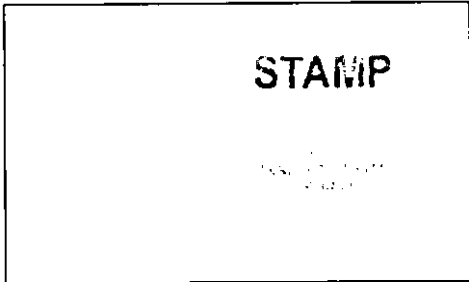
FOREIGN Business Corporation, Limited Partnership,  
Limited Liability Company, Limited Liability Partnership or Non-Profit Corporation

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 <b>ONLY</b> )		
<input type="checkbox"/> Non-Profit Corporation	<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	
3. Submits the following Application for the purpose of transferring its authority to a: (check one box <b>ONLY</b> )		
<input type="checkbox"/> Limited Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Business Corporation
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> 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 <b>ONLY</b> )		
<input type="checkbox"/> Certificate of registration for a limited partnership		
<input checked="" type="checkbox"/> Application for registration for a limited liability company		
<input type="checkbox"/> Application for certificate of authority for a business corporation		
<input type="checkbox"/> Application for certificate of authority for a non-profit corporation		
<input type="checkbox"/> 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

<b>9. TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY</b>	
<i>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.</i>	
Print Name of Corporation INSURACTIVE, INC.	Date 9/2/2020
Signature of Authorized Person 	
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.**