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State of Rhode Island  
**Department of State - Business Services Division**

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, 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:		
BRP Medicare Insurance II, LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Florida		
3. The date of its organization is: 02/14/2013		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name Corporate Creations Network Inc.		
Street Address (NOT a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
Brokerage for Medicare Supplemental Insurance Policies		
Check the box to indicate an attachment <input type="checkbox"/>		

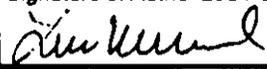
**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**STAMP**

**FILED**

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6. The RI Department 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.	
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:  801 US Highway 1, North Palm Beach, FL 33408	
8. The mailing address for the limited liability company is:  4211 W. BOY SCOUT BLVD., Suite 800, Tampa, FL 33607	
9. Management of the Limited Liability Company:	
The Limited Liability Company is to be managed by: <b>CHECK ONLY ONE BOX</b>	
<input type="checkbox"/> By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)	
<input checked="" type="checkbox"/> By one (1) or more managers (List managers below)	
<b>MANAGER</b>	<b>ADDRESS</b>
BRP MEDICARE INSURANCE HOLDINGS, LLC	4211 W. BOY SCOUT BLVD., Suite 800, Tampa, FL 33607
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.	
11. Date when this application for Certificate of Registration will be effective: <b>CHECK ONE BOX ONLY</b>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>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.</i>	
Type or Print Name of LLC Lauren Underwood, Attorney-in-Fact	Date 04/13/2021
Signature of Authorized Person 	

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](mailto:corporations@sos.ri.gov).

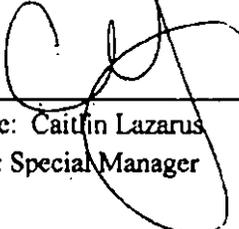
Limited Power of Attorney

The undersigned Officer of BRP Medicare Insurance II, LLC, a Florida entity ("the Company"), appoints Lauren Underwood as attorney in fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Caitlin Lazarus, Special Manager grants to the attorney in fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to Computershare Governance Services Inc. d/b/a Corporate Creations, 801 US Highway 1, North Palm Beach, FL 33408.

The undersigned has executed this Limited Power of Attorney effective as of this 12th day of April, 2021.

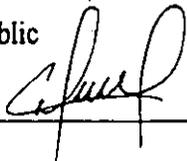
BRP Medicare Insurance II, LLC

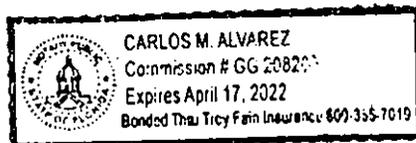
By:   
Name: Caitlin Lazarus  
Title: Special Manager

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 12th day of April, 2021.

Notary Public

  
\_\_\_\_\_



# *State of Florida*

## *Department of State*

I certify from the records of this office that BRP MEDICARE INSURANCE II, I.L.C is a limited liability company organized under the laws of the State of Florida, filed on February 14, 2013.

The document number of this limited liability company is I.13000023893.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on April 5, 2021, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Twelfth day of April, 2021*



*Raymond B. Rice*  
**Secretary of State**

Tracking Number: 4004360115CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

BRP Medicare Insurance III, LLC  
4211 W. Boy Scout Blvd, Suite 800  
Tampa, FL 33607

April 12, 2021

To Whom It May Concern:

I, Lauren Underwood, authorized person of BRP Medicare Insurance III, LLC, hereby grant consent to BRP Medicare Insurance II, LLC to use of similar name.

Thank you,



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Lauren Underwood, Authorized Person of BRP Medicare Insurance III, LLC



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:

April 14, 2021 11:57 AM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

