



State of Rhode Island
Department of State - Business Services Division



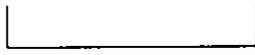
Application for Certificate of Authority
FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUL -2 P 1:18

Pursuant to the provisions of RIGL 7-1.2-1405, 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: M INSURANCE SOLUTIONS, INC		
2. It is incorporated under the laws of: Oregon		
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: (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 incorporation is: 06/20/2005		
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 _____		
5. The address of its principal office is: 1125 NW Couch St., Ste. 900, Portland, OR 97209		
6. The name and address of the initial registered agent/office in Rhode Island:		
Agent Name C T Corporation System		
Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Insurance Agency, Third Party Administrator

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
See attached	

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	See attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

Check the box to indicate an attachment

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 STATE NO PAR VALUE
1,000	Common		No Par Value

10. An estimate, 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. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion 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 compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.

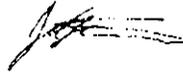
Type or Print Name of Authorized Officer

Jeffrey Struthers

Date

6/1/2021

Signature of Authorized Officer of the Corporation



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.

FORM 150 - Revised: 08/2020

Officers and Directors of M Insurance Solutions, Inc.

NAME	TITLE	RESIDENT ADDRESS	OWNERSHIP PERCENTAGE	DATE OF APPOINTMENT
Kevin Bruce Kukar	Treasurer	747 NE Royal Ct., Portland, OR 97232	0%	11/16/2020
Stephen Alexander Lundin	Director/President	64 Hazard Ave., Providence, RI 02906	0%	11/16/2020
Jeffrey Scott Bear	Vice President	3750 Fairhaven Drive, West Linn, OR 97068	0%	11/16/2020
Kellie Lynne Marx	Secretary	3340 SW 116 Ave, Beaverton OR 97005	0%	11/16/2020
Jeffrey Patrick Struthers	Vice President	2725 NW Bauer Woods Drive Portland OR 97229	0%	11/16/2020
Donna Ann Litke	Vice President	292 Feldspar Ridge, Glastonbury, CT 06033	0%	11/16/2020
Devin Marie Laplant	Director/Vice President	5251 NE 37 th Ave., Portland, OR 97211	0%	11/16/2020
Dean James Beckley	Chief Information Security Officer	1435 NW 133rd Ave, Portland, OR 97229	0%	11/16/2020
Matthew Ernest Mylroie	Director/Vice President	12200 SE William Ottv Rd., Happy Valley, OR 97086	0%	11/16/2020

M Insurance Solutions is wholly owned by its parent company, M Financial Holdings.

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 659Y686X9

I, *SHEMIA FAGAN, SECRETARY OF STATE*, and Custodian of the Seal of said State, do hereby certify:

M INSURANCE SOLUTIONS, INC.

is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.



A handwritten signature in black ink, appearing to read "Shemia Fagan".

SHEMIA FAGAN, SECRETARY OF STATE

5/20/2021



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:

July 02, 2021 01:18 PM

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

Nellie M. Gorbea
Secretary of State

