



State of Rhode Island

Department of State - Business Services Division

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BUS SVCS DIV.  
2021 DEC 28 PM 1:21

## Application for Transfer of Authority

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

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| 1. Entity ID Number:<br><b>000978267</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. The full name of the entity filing this application is:<br><b>Healthcare.com Insurance Services, LLC</b> |
| 3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)<br><input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Business Corporation <input type="checkbox"/> Non-Profit Corporation<br><input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership                                                                                                                                                                                                                                                                  |                                                                                                             |
| 4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)<br><input checked="" type="checkbox"/> Limited Liability Company (RIGL 7-16-52.1) <input type="checkbox"/> Business Corporation (RIGL 7-1.2-1411.1)<br><input type="checkbox"/> Non-Profit Corporation (RIGL 7-6-80.1) <input type="checkbox"/> Limited Partnership (RIGL 7-13-52.1)<br><input type="checkbox"/> Limited Liability Partnership (RIGL Title 7, as applicable)                                                                                                           |                                                                                                             |
| 5. The date the applicant qualified to conduct business in Rhode Island is:<br>9-2-2014                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. The jurisdiction upon transfer of authority is:<br>Arizona                                               |
| 7. The name of the entity following the transfer of authority is:<br><b>Healthcare.com Insurance Services, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |
| 8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY<br><input checked="" type="checkbox"/> Application for registration for a Limited Liability Company<br><input type="checkbox"/> Application for certificate of authority for a Business Corporation<br><input type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation<br><input type="checkbox"/> Certificate of registration for a Limited Partnership<br><input type="checkbox"/> Notice of registration for a registered Limited Liability Partnership |                                                                                                             |
| 8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |

### MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FILED *m*

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BY *ANV721W*  
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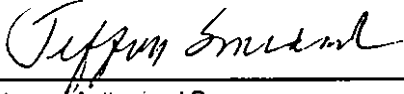
**TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY**

*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.*

**Type or Print Name of Limited Liability Company**

Healthcare.com Insurance Services, LLC

Signature of Authorized Person



Date

11-22-2021

Signature of Authorized Person

Date

**Type or Print Name of Corporation**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

**Type or Print Name of Partnership**

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

**Type or Print Name of Other Entity**

Signature of Authorized Person

Date

Signature of Authorized Person

Date