



State of Rhode Island
Department of State - Business Services Division



Application for Certificate of Authority
 FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

RECEIVED
 DEPT. OF STATE
 BUSINESS SERVICES DIVISION
 2023 FEB -1 P 1:51

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:
 Accretive Insurance Solutions, Inc.

2. It is incorporated under the laws of: Delaware

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: 11/12/2021

And the period of its duration is: **CHECK ONE BOX ONLY**
 Perpetual (on-going)
 Date certain for dissolution _____

5. The address of its principal office is:
 450 S Orange Ave., 4th Floor, Orlando, FL 32801

6. The name and address of the initial registered agent/office in Rhode Island:
 Agent Name C T Corporation System
 Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence	State RHODE ISLAND	Zip Code 02914
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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 BY WML SHFGP

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

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

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		
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	Common	0.01

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.

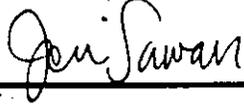
Type or Print Name of Authorized Officer

Jori Sawan

Date

01/27/2023

Signature of Authorized Officer of the Corporation



Attachment for Officer's and Director's: Accretive Insurance Solutions, Inc.

Officer's and Director's Address: 450 S Orange Ave., 4th Floor, Orlando, FL 32801

Management Name	Title
Gerald B. Budde	Chief Financial Officer
Mark Hammond	Executive Vice President & Chief Financial Officer
Jim W. Henderson	Director
Stanley K. Kinnett, II	Executive Vice President, General Counsel, and Corporate Secretary
Randy Larsen	Director
Daniel Lopez	Treasurer
Steven D. Muscatello	Senior Vice President, Deputy General Counsel & Assistant Secretary
Rob Roth	Executive Vice President, Wholesale Brokerage
David A. Seres	Chief Operating Officer
Sean K. Smith	Director
Sean K. Smith	Chairman & Chief Executive Officer
John Stephens	President, Property & Casualty
Paul Vredenburg	Director
David C. Wetzler	Executive Vice President, Benefits
Lesli Whisenant	Senior Vice President

Delaware

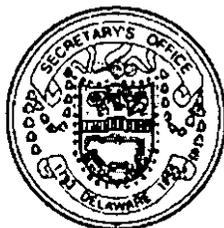
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCRETIVE INSURANCE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

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SR# 20230286708

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202592946

Date: 01-27-23



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 01, 2023 01:51 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

