

**State of Rhode Island  
Office of the Secretary of State**

Fee: \$310.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Foreign Corporation****Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

**SECTION I**The name of the corporation is CUSTOMIZED SERVICES ADMINISTRATORS, INCORPORATED**SECTION II**It is incorporated under the laws of State: CA Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

**SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR**

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

*Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application***SECTION IV**The date of its incorporation is 4/25/1991and the period of its duration is ☒ Perpetual ☐**SECTION V**

The location of its principal office is

No. and Street: 9797 AERO DRIVE, SUITE 300City or Town: SAN DIEGOState: RIZip: 02888Country: USA**SECTION VI**

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 200City or Town: WARWICKState: RIZip: 02888and the name of its proposed registered agent in Rhode Island at that address is CORPORATION SERVICE COMPANY**SECTION VII**

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

ADMINISTRATORS, MANAGING GENERAL AGENT, AND DISTRIBUTORS OF TRAVEL INSURANCE,  
EMERGENCY ASSISTANCE AND HOTLINE SERVICES**SECTION VIII**

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRIS JAMES CARNICELLI	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA

TREASURER	BENOIT KERUZORE	9797 AERO DRIVE, STE. 300 SAN DIEGO, CA 92123 USA
SECRETARY	JOHN MILTON COLLINS	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA
DIRECTOR	JEAN-YVES LE BERRE	2 RUE PILLET-WILL PARIS, 75009 FRA
DIRECTOR	CHRIS JAMES CARNICELLI	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA
DIRECTOR	SIMONE BEMPORAD	2 RUE PILLET-WILL PARIS, 75009 FRA
DIRECTOR	VIRGINIE BEMPORAD	2 RUE PILLET-WILL PARIS, 75009 FRA

(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).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRIS JAMES CARNICELLI	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA
TREASURER	BENOIT KERUZORE	9797 AERO DRIVE, STE. 300 SAN DIEGO, CA 92123 USA
SECRETARY	JOHN MILTON COLLINS	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA
DIRECTOR	JEAN-YVES LE BERRE	2 RUE PILLET-WILL PARIS, 75009 FRA
DIRECTOR	CHRIS JAMES CARNICELLI	28 LIBERTY STREET, SUITE 3040 NEW YORK, NY 10005 USA
DIRECTOR	SIMONE BEMPORAD	2 RUE PILLET-WILL PARIS, 75009 FRA
DIRECTOR	VIRGINIE BEMPORAD	2 RUE PILLET-WILL PARIS, 75009 FRA

#### SECTION IX

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:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CWP		A	\$1.0000	1,000,000.00
CWP		B	\$1.0000	100,000.00

**Signed this 13 Day of September, 2023 at 10:33:55 AM by the officers(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JOHN MILTON COLLINS

Signature of Authorized Officer of the Corporation





# Secretary of State

## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

<b>Entity Name:</b>	CUSTOMIZED SERVICES ADMINISTRATORS, INCORPORATED
<b>Entity No.:</b>	1518418
<b>Registration Date:</b>	04/25/1991
<b>Entity Type:</b>	Stock Corporation - CA - General
<b>Formed In:</b>	CALIFORNIA
<b>Status:</b>	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of September 11, 2023.

**SHIRLEY N. WEBER, PH.D.**  
**Secretary of State**

**Certificate No.:** 143884843

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



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:

September 13, 2023 10:32 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

