



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 Mutual Solutions, Inc.

SECTION II

It is incorporated under the laws of State: NE 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 6/21/2023

and the period of its duration is  Perpetual

SECTION V

The location of its principal office is

No. and Street: 3300 MUTUAL OF OMAHA PLAZA

City or Town: OMAHA

State: NE

Zip: 68175

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD., STE 200

City or Town: WARWICK

State: RI

Zip: 02888

and 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:

MARKET NON-INSURANCE PRODUCTS TO EMPLOYERS

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	TIMOTHY SCOTT AULT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA

TREASURER	SCOTT L. HERCHENBACH	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
SECRETARY	JAY A. VANKAT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
ASSISTANT SECRETARY	LESLIE D. HAGG	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
VICE PRESIDENT	JASON T. JARZYNK	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	TIMOTHY SCOTT AULT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	JAMES T. BLACKLEDGE	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	STACY A. SCHOLTZ	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA

(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	TIMOTHY SCOTT AULT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
TREASURER	SCOTT L. HERCHENBACH	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
SECRETARY	JAY A. VANKAT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
ASSISTANT SECRETARY	LESLIE D. HAGG	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
VICE PRESIDENT	JASON T. JARZYNK	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	TIMOTHY SCOTT AULT	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	JAMES T. BLACKLEDGE	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA
DIRECTOR	STACY A. SCHOLTZ	3300 MUTUAL OF OMAHA PLZ OMAHA, NE 68175 USA

#### 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			\$1.0000	1,000.00

**Signed this 10 Day of October, 2023 at 1:51:15 PM 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 LESLIE D. HAGG  
Signature of Authorized Officer of the Corporation

Form No. 150  
Revised 09/07

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# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

## MUTUAL SOLUTIONS, INC.

**incorporated on June 21, 2023 and is duly incorporated under the law of  
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are  
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the  
Corporation to the Secretary of State has become delinquent;**

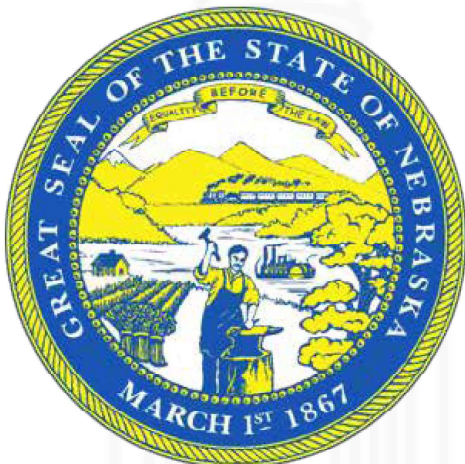
**that Articles of Dissolution have not been filed.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**September 18, 2023**



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State