



**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 Pledge Insurance Advisors, Inc.

SECTION II

It is incorporated under the laws of State: IA 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 11/3/1982

and the period of its duration is Perpetual

SECTION V

The location of its principal office is

No. and Street: 6785 WESTOWN PARKWAY

City or Town: WEST DES MOINES

State: IA

Zip: 50266

Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BOULEVARD, SUITE 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:

RETAIL AND WHOLESALE INSURANCE AGENCY.

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	SHANNON DAVID RUTLEDGE	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA

SECRETARY	DEBORAH LYNN LADEHOFF	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA
CFO	DARIN LEE ROGGENBURG	6785 WESTOWN PARKWAY WEST DES MOINES, IA 50266 USA
COO	AARON WILLIAM RUTLEDGE	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA
DIRECTOR	CURTIS SWAIN	6785 WESTOWN PARKWAY WEST DES MOINES, IA 50266 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	SHANNON DAVID RUTLEDGE	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA
SECRETARY	DEBORAH LYNN LADEHOFF	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA
CFO	DARIN LEE ROGGENBURG	6785 WESTOWN PARKWAY WEST DES MOINES, IA 50266 USA
COO	AARON WILLIAM RUTLEDGE	6785 WESTOWN PARKWAY, WEST DES MOINES, IA 50266 WEST DES MOINES, IA 50266 USA
DIRECTOR	CURTIS SWAIN	6785 WESTOWN PARKWAY WEST DES MOINES, IA 50266 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			\$0.0100	10,000.00

Signed this 14 Day of February, 2024 at 2:09:52 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 CURTIS SWAIN
Signature of Authorized Officer of the Corporation

Form No. 150
Revised 09/07

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**IOWA SECRETARY OF STATE
PAUL D. PATE**



CERTIFICATE OF EXISTENCE

Issue Date: 1/10/2024

Name: PLEDGE INSURANCE ADVISORS, INC. (490 DP - 6478)

Date of Incorporation: 11/3/1982

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS279939**

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink that reads "Paul D. Pate". The signature is stylized with a large, looped "P" and "P" at the end.

Paul D. Pate, Iowa Secretary of State



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 14, 2024 02:08 PM

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

Gregg M. Amore
Secretary of State

