



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 Integrated Premium Funding Corp

SECTION II

It is incorporated under the laws of State: DE 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 3/4/2020

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 1811 ASTON AVE  
SUITE 200

City or Town: CARLSBAD State: CA Zip: 92008 Country: USA

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD  
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:

PROVIDING FINANCING FOR COMMERCIAL INSURANCE POLICIES.

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 ANDREW NICKEL	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 USA
CEO	MATTHEW SCOTT GROSSBERG	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 USA
DIRECTOR	TIMOTHY ANDREW NICKEL	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 CARLSBAD, CA 92028 USA
DIRECTOR	MATTHEW SCOTT GROSSBERG	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 CARLSBAD, CA 92028 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 ANDREW NICKEL	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 USA
CEO	MATTHEW SCOTT GROSSBERG	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 USA
DIRECTOR	TIMOTHY ANDREW NICKEL	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 CARLSBAD, CA 92028 USA
DIRECTOR	MATTHEW SCOTT GROSSBERG	1811 ASTON AVE, SUITE 200 CARLSBAD, CA 92008 CARLSBAD, CA 92028 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>	
CNP			\$0.0001	1,000.00

Signed this 10 Day of June, 2024 at 7:15:22 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.

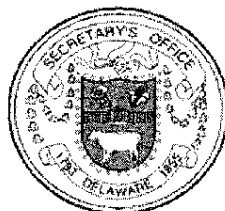
By TIMOTHY A. NICKEL  
Signature of Authorized Officer of the Corporation

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTEGRATED PREMIUM FUNDING CORP" 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 FOURTEENTH DAY OF MAY, A.D. 2024.



7884073 8300

SR# 20241716488

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203464729

Date: 05-14-24