



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGSD BSD
24 JUN 10 PM 12:32:57

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001773740	2. The name of the corporation is: iPipeline, Inc.
3. The document to be corrected is: Application for Certificate of Authority	4. The date the document being corrected was originally filed: 5/13/2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: Principal Office address: 222 VALLEY CREEK BLVD., EXTON, PA 19341 CEO Pat O'Donnell Address: 222 Valley Creek Blvd., Exton, PA 19341 CFO - John Bryner 222 Valley Creek Blvd. Exton, PA 19341 Class of Stock - CWP Par Value Per Share-0.0100 Total Authorized No. of Shares - 10,000 <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
6. The new corrected portion of the document states as follows: Principal Office address: 222 VALLEY CREEK BLVD., SUITE 300 EXTON, PA 19341 CEO Pat O'Donnell Address: 222 Valley Creek Blvd., Suite 300 Exton, PA 19341 Class of Stock - CWP Par Value Per Share-0.001 Total Authorized No. of Shares - 1,000 <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , the entity has paid all fees and taxes.	

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

JUN 10 2024

12:32

BY ml 30213

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Date

John K. Stipancich, Vice President and Secretary

6/3/2024

Signature of Authorized Officer of the Corporation

John K. Stipancich



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUN 10 PM 12:33:04

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

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: iPipeline, 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: 01/01/2009 And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 222 Valley Creek Road, Suite 300, Exton PA19341		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name United Agent Group Inc. Street Address (<u>NOT</u> a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

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Phone: (401) 222-3040
Website: www.sos.ri.gov

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

Software solutions for insurance and financial industries.

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
Jason Conley	6496 University Parkway, Sarasota, FL 34240
John K. Stipancich	6496 University Parkway, Sarasota, FL 34240

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	Christinae Able	6496 University Parkway, Sarasota, FL 34240
TREASURER		
SECRETARY	John K. Stipancich	6496 University Parkway, Sarasota, FL 34240

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
1000	Common		0.001

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) _____

14. *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

John K. Stipancich, Vice President and Secretary

Date

6/10/2024

Signature of Authorized Officer of the Corporation

John K. Stipancich

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

iPipeline, Inc.

Name	Title	Primary Business Address
Christina Able	Vice President	6496 University Parkway, Sarasota, FL 34240
Jason Conley	Director	6496 University Parkway, Sarasota, FL 34240
Jason Conley	Vice President & Assistant Secretary	6496 University Parkway, Sarasota, FL 34240
Adam Boone	Chief Financial Officer	222 Valley Creek Road, Suite 300, Exton, PA 19341
John K. Stipancich	Director	6496 University Parkway, Sarasota, FL 34240
John K. Stipancich	Vice President & Secretary	6496 University Parkway, Sarasota, FL 34240
Pat O'Donnell	Chief Executive Officer	222 Valley Creek Road, Suite 300, Exton, PA 19431



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:

June 10, 2024 12:32 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

