RI SOS Filing Number: 202460628750 Date: 10/15/2024 1:34:00 PM



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: Innovative Underwriters, Inc. 2. It is incorporated under the laws of: New Jersey 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: 09/01/1971 And the period of its duration is: CHECK ONE BOX ONLY X Perpetual (on-going) Date certain for dissolution ___ 5. The address of its principal office is: 1800 JFK Blvd., Suite 700, Philadelphia, PA 19103 6. The name and address of the initial registered agent/office in Rhode Island: Agent Name C T Corporation System Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A Zip Code ₀₂₉₁₄

RHODE ISLAND

MAIL TO:

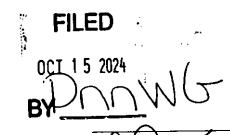
City/Town

Division of Business Services

East Providence

148 W. River Street, Providence, Rhode Island 02904-2615

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



7. The purpose or purpo	oses which it proposes to pursue	e in the transaction of bu	siness in Rhode Island are:		
Insurance Brokerage.					
8. (a) The names and restate or country of which		ors (optional, unless dire	ectors are required under the laws of the		
NAME		ADDRESS			
see attached					
			Check the box to indicate an attachment		
8. (b) The names and roof the state or country of	espective addresses of its princi of which it is incorporated):	pal officers (mandatory	if directors are not required under the laws		
OFFICE	NAME		ADDRESS		
PRESIDENT	see attached				
VICE PRESIDENT					
TREASURER					
SECRETARY					
	<u> </u>	x	Check the box to indicate an attachment		
9. The aggregate numb		rity to issue; itemized by	classes, par value of shares, shares without		
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE		
1,000.0000	Common		\$1000 		
	· ————				
					
located within this state	percentage, of the proportion the during the following year bears rever located. (Note: Percentage)	s to the value of all prope	f the property of the corporation to be erty of the corporation to be owned during eet.)		
	6				
at or from places of but	siness in Rhode Island during th oration during the following year	ie following year compai	siness to be transacted by the corporation red to the gross amount thereof which will be ained from worksheet.)		
1	<u> </u>				

12. This application must be accompanied by a <u>Certificate of Good Sta</u> formation dated within 60 days of the date of this filing.	nding/Letter of Status from the state or country of				
13. Date when the Certificate of Authority will be effective: CHECK ON	E BOX ONLY				
★ Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
Under penalty of perjury, I declare and affirm that I have examined this accompanying attachments, and that all statements contained herein a					
Type or Print Name of Authorized Officer	Date				
Marianne Caswell	10/2/2024				
Signature of Authorized Officer of the Corporation					

Innovative Underwriters, Inc. Officers/Directors attachment

Name	Title	Address		
Leyla Lesina	Director	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Michael Ferik	Chairman of the Board	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Marianne Caswell	Director, President	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Jeffrey Butscher	Chief Compliance Officer	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Rose Burachio	Secretary	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Kyle Hooper	Assistant Secretary	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
John Flannigan	Vice President	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Debra Udicious	Treasurer	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Harris Oliner	Assistant Secretary	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Robert D. Grauer	Assistant Secretary	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103
Lisa DiMario	Assistant Treasurer	1800 JFK Blvd.	Suite 700	Philadelphia PA 19103

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

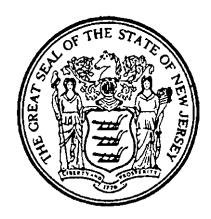
INNOVATIVE UNDERWRITERS, INC. 3791462000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 01, 1971.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM 820 BEAR TAVERN ROAD WEST TRENTON, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of October, 2024

Elizabeth Maher Muoio State Treasurer

Ship of Men

Certificate Number: 6157683319

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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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:

October 15, 2024 01:34 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

