



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 <input checked="" type="checkbox"/> 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 (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State RHODE ISLAND	Zip Code 02914

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
OCT 15 2024
BY DnnWG
[Signature]
FORM 150 - Revised: 12/2021
134

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

Insurance Brokerage.

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
see attached	

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	see attached	
VICE PRESIDENT		
TREASURER		
SECRETARY		

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
1,000,0000	Common		\$1000

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) _____

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

Marianne Caswell

Date

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:

CT 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

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6157683319

Verify this certificate online at

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



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:

October 15, 2024 01:34 PM

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

Gregg M. Amore
Secretary of State

