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**State of Rhode Island  
 Department of State - Business Services Division**

**Application for Reservation of Entity Name**

DOMESTIC or FOREIGN Entity

- Business Corporation Filing Fee: \$50.00      → Partnership Filing Fee: \$50.00
- Limited Liability Company Filing Fee: \$50.00      → Non-Profit Corporation Filing Fee: \$20.00

The undersigned applicant applies for reservation of the following entity name for a non-renewable period of 120 days from the date of this filing:

1. The name to be reserved is: <b>American Journey Financial Life</b>		
2. The name is being reserved for the entity type listed below:		
<input type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL 7-1,2-403 <input type="checkbox"/> Partnership (including Foreign Partnerships) RIGL 7-13,1-115 or 7-12,1-906 <input type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL 7-16-10 <input checked="" type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL 7-6-11,1		
3. The name reservation will be recorded exclusively in the name of the applicant. The right to the exclusive use of a specified entity name so reserved may be transferred to any other person by filing in the office of the RI Department of State a notice of the transfer, executed by the applicant for whom the name was reserved, specifying the name and address of the transferee, and paying the appropriate fee.		
4. List the Name of Applicant: <b>United Transportation Union Insurance Association</b>		
Address: <b>6060 Rockside Woods Blvd. N, Suite 220</b>		
City/Town: <b>Independence</b>	State: <b>Ohio</b>	Zip Code: <b>44131-7303</b>
5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.		
Submitted by: <b>Kenneth Laugel, President of United Transportation Union Insurance Association</b>		
Address: <b>6060 Rockside Woods Blvd. N, Suite 220</b>		
City/Town: <b>Independence</b>	State: <b>Ohio</b>	Zip Code: <b>44131-7303</b>
Signature of Authorized Person 		Date <b>November 13, 2024</b>

**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**

**NOV 15 2024**

**BY 197TF**

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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.



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:

November 15, 2024 03:27 PM

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

Gregg M. Amore  
*Secretary of State*

