

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

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability compa	iny is:		
Iron Key Insurance Services, LLC			
Is this company organized in its state or	country of formation as a low-pr	ofit limited liability company?	Yes No X
The name, if different, under which it pro	poses to register and transact b	usiness in Rhode Island is:	
2. The LLC is organized under the laws of	of: Delaware		
3. The date of its organization is: 06/21/	2005		
And the period of its duration is: CHECK	ONE BOX ONLY		
X Perpetual (on-going)			
Date certain for dissolution			
4. The name and address of the resident	t agent/office in Rhode Island is		
Agent Name C T Corporation System			
Street Address (NOT a P.O. Box) 450 Vc	terans Memorial Parkway, Suite 7	۸	
City/Town East Providence	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it prop	poses to pursue in the transaction	on of business in Rhode Island a	re:
Servicing of company owned insurance poli			
	,		
		Check the box to indicate	an attachment

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

CTAR. FILED

NOV 18 2024

FORM 450 - Revised: 12/2023

6. The RI Department of State is appointed any time, there is no resident agent or if the diligence.	ed the agent of the foreign limite he resident agent cannot be for	ed liability company for service of process if, at and or served following the exercise of reasonable		
7. The address of the office required to be if not so required, of the principal office of	e maintained in the state or cou f the foreign limited liability com	ntry of its organization by the laws of that state or, pany is:		
2031 11th Ave South, Birmingham, AL 3520	95			
8. The mailing address for the limited liab	pility company is:			
2031 11th Ave South, Birmingham, AL 3520	05			
9. Management of the Limited Liability Co	ompany: CHECK ONE BOX ON	NLY		
Members (Owners) OR Manager(s). Complete the chart below. DO NOT complete the chart below.				
	MANAGER(S) NAME	ADDRESS		
	John C. Roberts	720 E. Wisconsin Avenue, Milwaukee, WI 53202		
	Jeff Sippel	720 E. Wisconsin Avenue, Milwaukee, WI 53202		
	· · · · · · · · · · · · · · · · · · ·	Check the box to indicate an attachment X		
10. This application must be accompanie formation dated within 60 days of the date.		ding/Letter of Status from the state or country of		
11. Date when this application for Certific	cate of Registration will be effec	tive: CHECK ONE BOX ONLY		
X Date received (Upon filing)				
Later effective date (Date must be n	o more than 90 days from the c	date of filing)		
Under penalty of perjury, I declare and a accompanying attachments, and that all	ffirm that I have examined this A statements contained herein ar	Application for Registration, including any etrue and correct.		
Type or Print Name of LLC		Date		
BRYAN GUNN, MANAGER		11/01/2024		
Signature of Authorized Person Bryan Gunn				

Attachment for Manager's and Member's

Entity Name - Iron Key Insurance Services, LLC

Address - 720 E. Wisconsin Avenue, Milwaukee, WI 53202

NAME	TITLE	
Kamilah D. Williams-Kemp	Manager, President and Chairperson of the Board of Managers	
Becki Williams	Manager and Chief Executive Officer	
Bryan Gunn	Chief Financial Officer and Chief Operating Officer Manager	
Shea O'Rorke	Vice President	
Douglas J. Marsch	Secretary	
Timothy Otto	Assistant Secretary	
Taylor Lemke	Treasurer	
Susan Limbach	Assistant Treasurer	
Todd M. Jones	Manager	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IRON KEY INSURANCE SERVICES, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204654213

Date: 10-17-24