



State of Rhode Island  
Department of State - Business Services Division

## Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

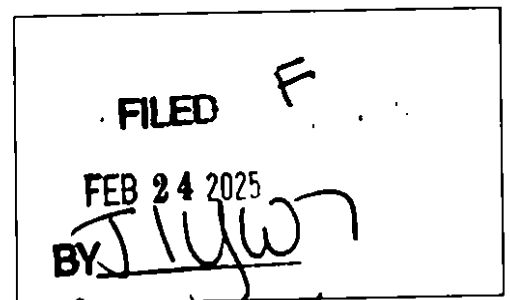
→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

|   |  |                    |
|---|--|--------------------|
| 1. Entity ID Number<br>001732588  | 2. Exact Name of the Corporation<br>Cover Whale Insurance Solutions Inc. |                    |
| 3. The address of the registered office as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:   |  |                    |
| Street Address 47 Wood Avenue, Suite 2  |  |                    |
| City/Town<br>Barrington   | State<br><b>RHODE ISLAND</b>   | Zip<br>02806       |
| 4. The name of the registered agent as <b>PRESENTLY</b> shown in the records on file with the RI Department of State:<br>Registered Agents Inc  |  |                    |
| 5. The address of the <b>NEW</b> registered office is:  |  |                    |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A   |  |                    |
| City/Town<br>East Providence  | State<br><b>RHODE ISLAND</b>   | Zip<br>02914       |
| 6. The name of the <b>NEW</b> registered agent is:<br>C T Corporation System  |  |                    |
| 7. Date when this Statement of Change of Registered Agent will be effective: <b>CHECK ONE BOX ONLY</b>  |  |                    |
| <input checked="" type="checkbox"/> Date received (Upon filing)<br>Later effective date (Date must be no more than 30 days from the date of filing) _____   |  |                    |
| Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct. |  |                    |
| Name of Authorized Officer of the Corporation<br>KARA KOROSEC, ATTORNEY-IN-FACT   |  | Date<br>02/06/2025 |
| Signature of Authorized Officer of the Corporation<br><i>Kara Korosec</i>   |  |                    |

### MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)



## Power of Attorney

NOTICE IS HEREBY GIVEN THAT COVER WHALE INSURANCE SOLUTIONS INC. ("the Company"), a Corporation incorporated under the laws of Delaware, does hereby appoint as attorneys-in-fact for the Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such Individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Company and affiliates and subsidiaries of the Company attached hereto as Exhibit A, specifically incorporated herein by reference ("the Subsidiaries"), in the Company and Subsidiaries' names for the limited purposes authorized herein..

The Company and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorneys-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office, and forms of similar import on behalf of the Company and Subsidiaries in any state, the District of Columbia, US Territories and Canada.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on  
the 23 day of December, 2024.  
Date Month Year

Signature Rachael Dugan  
Name, Title Rachael Dugan, General Counsel & Corporate Secretary

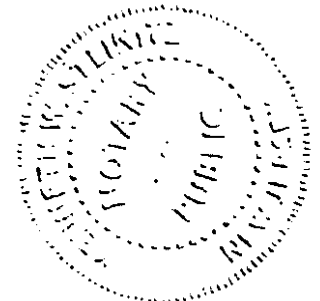
Sworn to and subscribed before me this 23 day of December, 2024.  
Date Month Year

Signature of Notary Kenneth W Stein

Notary Public, State of New Jersey  
State

Commission Expires: 5-8-27  
M/D/YYYY

(Seal)



**EXHIBIT A**

| Entity Name         | Entity Type               | Domestic Jurisdiction |
|---------------------|---------------------------|-----------------------|
| POLICY PAY FLEX LLC | LIMITED LIABILITY COMPANY | DE                    |