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	2. Exact Name of the Corporation
001732588	Cover Whale Insurance Solutions Inc.

3. The address of the registered office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address			
47 Wood Avenue, Suite 2			
City/Town: Barrington	State: **RHODE ISLAND**	Zip: 02806	

4. The name of the registered agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Registered Agents Inc

5. The address of the **NEW** registered office is:

Street Address (NOT a P.O. Box)		
450 Veterans Memorial Parkway, Suite 7A		
City/Town: East Providence	State: **RHODE ISLAND**	Zip: 02914

6. The name of the **NEW** registered agent is:

C T Corporation System

7. Date when this Statement of Change of Registered Agent will be effective: **CHECK ONE BOX ONLY**

X Date received (Upon filing)

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	Date
KARA KOROSEC, ATTORNEY-IN-FACT	02/06/2025

Signature of Authorized Officer of the Corporation

Kara Korosec

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
FEB 24 2025
BY
AM. 3:26 PM

FORM 640 - Revised: 01/2024

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 (*Date*) day of December (*Month*), 2024 (*Year*).

Signature Rachael Dugan

Name, Title Rachael Dugan, General Counsel & Corporate Secretary

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

Signature of Notary Kenneth W Stein.Jr

Notary Public, State of New Jersey (*State*)

Commission Expires: 5-8-27 (*M/D/YYYY*)

(Seal)

Wolters Kluwer

CT

C T Corporation System
111 Eighth Avenue, 13th Floor
New York, NY 10011

www.ctcorporation.com
www.wolterskluwer.com

EXHIBIT A

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