



State of Rhode Island  
Department of State - Business Services Division

## Application for Reservation of Entity Name

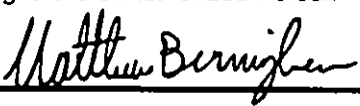
DOMESTIC or FOREIGN Entity

- 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

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RI DEPT. OF STATE  
BUS. SVCS. DIV.  
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APR 28 2025 P 3:58

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:<br><b>Ceres Life Insurance Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                           |
| 2. The name is being reserved for the entity type listed below:<br><input checked="" type="checkbox"/> Business Corporation (including Professional and Foreign Corporations) RIGL <u>7-1.2-403</u><br><input type="checkbox"/> Partnership (including Foreign Partnerships) RIGL <u>7-13.1-115</u> or <u>7-12.1-906</u><br><input type="checkbox"/> Limited Liability Company (including Foreign Limited Liability Companies) RIGL <u>7-16-10</u><br><input type="checkbox"/> Non-Profit Corporation (including Foreign Non-Profit Corporations) RIGL <u>7-6-11.1</u> |                     |                           |
| 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:<br><b>ManhattanLife of America Insurance Company</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                     |                           |
| Address:<br><b>10777 NORTHWEST FREEWAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                           |
| City/Town:<br><b>Houston</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State:<br><b>TX</b> | Zip Code:<br><b>77092</b> |
| 5. Under penalty of perjury, I declare and affirm that the information contained herein is true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                           |
| Submitted by:<br><b>Matthew Birmingham</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                           |
| Address:<br><b>500 West 5th Street, Ste. 1150</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                           |
| City/Town:<br><b>Austin</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State:<br><b>TX</b> | Zip Code:<br><b>78701</b> |
| Signature of Authorized Person<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     | Date<br><b>03/28/2025</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](http://www.sos.ri.gov)

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](mailto:corporations@sos.ri.gov).

**FILED**

APR 28 2025

BY 14866  
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