State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000078302	Affiliated FM Insurance Company	Certificate of Legal Existence

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Shariff Barakat
Business Name:
No. and Street: 2001 K Street NW
City or Town: Washington State: DC Zip: 20006 Country: USA
Contact Phone: ext:
Contact Email: sbarakat@akingump.com