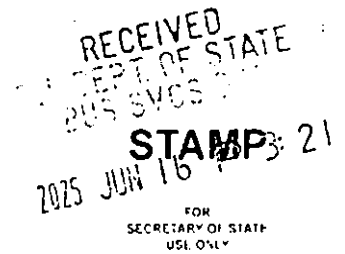




State of Rhode Island

Department of State - Business Services Division



## Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

RI DOS MADE NON-SUBSTANTIVE EDITS

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name.

1. Entity ID Number.  1791079	2. The name of the Limited Liability Company is:  Wholesure Life & Health, LLC
3. The fictitious business name to be used is:  Wholesure Global Benefits	
4. The state or country the entity is formed is:  MI	5. The date of formation is:  04/24/2024
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company  Courtney Kolenda	Date
Signature of Authorized Person  	

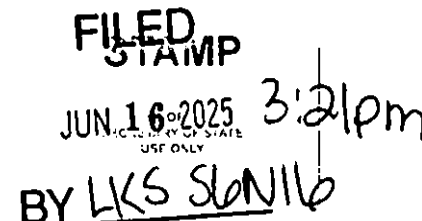
### MAIL TO:

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).

FORM 624B LLC - Revised 12/2021