

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
Betty G. Smith (704) 331-7526

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

Kennedy Covington Lobdell & Hickman, L.L.P.  
Hearst Tower  
214 N. Tryon Street, 47<sup>th</sup> Floor  
Charlotte, NC 28202  
Attn: Betty G. Smith

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (1a or 1b) – do not abbreviate or combine names

1a. ORGANIZATION'S NAME  
National Employee Benefit Companies, Inc.

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS  
16 International Way, Unit 2

CITY  
Warwick

STATE  
RI

POSTAL CODE  
02886

COUNTRY  
USA

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION  
Corporation

1f. JURISDICTION OF ORGANIZATION  
Rhode Island

1g. ORGANIZATIONAL ID#, if any  
RI-64826  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b) – do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID#, if any  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
Wachovia Bank, National Association, as Administrative Agent

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS  
201 S. College Street, CP-8, NC-0680

CITY  
Charlotte

STATE  
NC

POSTAL CODE  
28288

COUNTRY  
USA

4. This FINANCING STATEMENT covers the following collateral:

All assets of the Debtor now owned or at any time hereafter acquired or in which the Debtor now has or at any time in the future may acquire any interest and all proceeds thereof.

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional]  All Debtors  Debtor 1  Debtor 2

8. OPTIONAL FILER REFERENCE DATA  
Rhode Island Secretary of State - Second Lien