

Filing Fee: \$50.00

ID Number: 68419



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-1.1-7.1 or 7-16-9 of the General Laws, 1956, as amended, the undersigned corporation or limited liability company hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

1. The fictitious business name to be used is NSO Insurance Services
2. The legal name of the applicant corporation or limited liability company is Affinity Insurance Services, Inc.
3. The state or territory under the laws of which it is incorporated or organized is Pennsylvania
4. The date of incorporation or organization is March 27, 1989
5. The address of the registered office within Rhode Island is 123 Dyer Street, Providence, RI 02903
6. If a corporation, the business in which it is engaged Administering and marketing insurance products using mass marketing techniques
7. Applicant is otherwise authorized to do business in the State of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Affinity Insurance Services, Inc.

(Name of Applicant Corporation or Limited Liability Company)

By Arlene Jeschke /Secretary-Law
(Signature of Officer for the Corporation) (Title)
Arlene Jeschke
or

By _____
(Authorized Person for the Limited Liability Company)

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

DEC 29 11 57 AM '97

Dated December 8, 19 97

FILED

DEC 29 1997

By [Signature]
195865-