

Filing Fee: \$50.00

ID Number: 114124



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 Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

- 1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
WACHOVIA INSURANCE SERVICES, INC.
2. The fictitious business name to be used is AGENCY RESOURCES
3. The state or territory under the laws of which it is incorporated, organized or formed is NORTH CAROLINA
4. The date of incorporation, organization or formation is 7/8/1994
5. If a business corporation, the address of its registered office within Rhode Island is CORPORATION SERVICE COMPANY
170 Westminster Street Suite 900 Providence RI 02903
6. If a business corporation, the business in which it is engaged INSURANCE AGENCY / BROKER
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.

Date: July 14, 2003

WACHOVIA INSURANCE SERVICES, INC.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] SVP / ASST. SECRETARY
Signature of Officer for the Corporation Title
Daniel Glassberg
or

By _____
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

FILED
JUL 17 2003
BY [Signature]
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