

Filing Fee: \$50.00

ID Number: 131931



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:
Sullivan Insurance Group Inc.
2. The fictitious business name to be used is SIG Insurance Group Inc. *OK*
3. The state or territory under the laws of which it is incorporated, organized or formed is Massachusetts
4. The date of incorporation, organization or formation is April 16, 1970
5. If a business corporation, the address of its registered office within Rhode Island is 123 Dyer Street
Providence, RI 02903
6. If a business corporation, the business in which it is engaged Insurance
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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STATE
SECRETARY OF STATE
JUL 27 11 22 PM '03

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

Date: 3/20/03

Sullivan Insurance Group
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED

MAY 08 2003
By Km
318752

By *[Signature]* CFO
Signature of Officer for the Corporation Title

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership