

Filing Fee: \$50.00

ID Number: 140348



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)

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
JUN 2 1 00 PM '04

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:

- The legal name of the applicant business corporation, limited liability company or limited partnership is: Program Management Services, Inc.
- The fictitious business name to be used is Public Risk Underwriters *of*
- The state or territory under the laws of which it is incorporated, organized or formed is Florida
- The date of incorporation, organization or formation is 9/23/1971
- If a business corporation, the address of its registered office within Rhode Island is 170 Westminster St.
Suite 900, Providence, RI 02903
- If a business corporation, the business in which it is engaged Insurance agent/broker
- 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: 5/24/04

Program Management Services, Inc.
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / Vice President
Signature of Officer for the Corporation Title

By _____
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

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By [Signature]
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