

Filing Fee: \$50.00

ID Number: 1714088



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

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CORPORATIONS DIV.  
2008 MAY -5 AM 7:52

**FICTITIOUS BUSINESS NAME STATEMENT**

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 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:  
National Employee Benefit Companies, Inc.

2. The fictitious business name to be used is Beacon Risk Strategies

3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island

4. The date of incorporation, organization or formation is 07/03/1991

5. If a business corporation, the address of its registered office within Rhode Island is  
c/o CT Corporation System, 10 Weybosset Street, Providence, RI 02903

6. If a business corporation, the business in which it is engaged  
Wholesale Insurance services

7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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

Date: 04/30/08

National Employee Benefit Companies, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By

[Signature]  
Signature of Authorized Officer of the Corporation  
Scott H. Purviance, V.P. and Secretary

or

By

Signature of Authorized Person for the Limited Liability Company

or

By

Signature of Authorized Person for the Limited Partnership

**FILED**

MAY 05 2008

By

057188

8:57



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

May 05, 2008 08:57 AM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

*Secretary of State*

