

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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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

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By

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