

Filing Fee: \$50.00

ID Number: 140982



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: Employee Benefits Corporation
2. The fictitious business name to be used is EBC Benefits Administration Corporation
3. The state or territory under the laws of which it is incorporated, organized or formed is Wisconsin
4. The date of incorporation, organization or formation is 12/10/2001
5. If a business corporation, the address of its registered office within Rhode Island is 222 Jefferson Boulevard, Suite 200, Warwick, RI 02888
6. If a business corporation, the business in which it is engaged Flexible Spending Account (FSA), Section 125, Health Reimbursement Account (HRA) and COBRA Administration for companies that purchase our pre-tax administration.
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 5/13/2004

Employee Benefits Corporation

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / President
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

FILED

JUN 18 2004

By [Signature] 35399
CLERK

