

Filing Fee: \$50.00

ID Number: 194882



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)

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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 Explorer RV Insurance Agency, Inc.
- 2. The fictitious business name to be used is Explorer Insurance Agency *OK*
- 3. The state or territory under the laws of which it is incorporated, organized or formed is Ohio
- 4. The date of incorporation, organization or formation is July 17, 1997
- 5. If a business corporation, the address of its registered office within Rhode Island is National Registered Agents  
222 Jefferson Blvd., Suite 200 Warwich, RI 02888
- 6. If a business corporation, the business in which it is engaged Specialty property and casualty insurance.
- 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: 11/9/2004

Explorer RV Insurance Agency, Inc.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] / Secretary  
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

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By DA  
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