Filing Fee: \$50.00

ID Number: / 83498



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 corporat Westchester Specialty Insurance Serv | ion, limited liability company or limited partnership is: | |
|-----|---|---|--|
| 2 | The fictitious business name to be used is Westo | chester Warranty Services | |
| 3. | The state or territory under the laws of which it is incorporated, organized or formed is Nevada | | |
| 4. | The date of incorporation, organization or formation is <u>03/09/1908</u> | | |
| 5. | If a business corporation, the address of its registered office within Rhode Island is <u>Corporation Service</u> | | |
| | | 900 Providence, RI 02903 | |
| 6 | If a business corporation, the business in which it is engagedWarranty | | |
| 7. | Applicant is otherwise authorized to do business in | Under penalty of perjury, I declare that the information contained herein is true and correct. | |
| Dät | ed, 19 <u></u> | Westchester Specialty Insurance Serices, Inc. (Name of Applicant Corporation, Limited Liability Company or Limited Partnership) Senior VP General Counsel (Signature of Officer for the Corporation) (Ittle) | |
| | FILED | <u>or</u> | |
| | APR 12 1999 Ey (LH 63 2005 | By(Authorized Person for the Limited Liability Company) or | |
| | | (Authorized Person for the Limited Partnership) | |