

M03000001891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

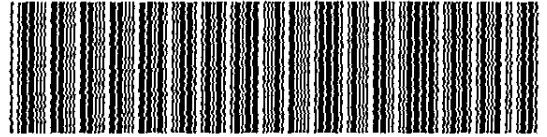
(Business Entity Name)

(Document Number)

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M03-1891
qr



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 115808 7170545
AUTHORIZATION :
COST LIMIT : \$ 125.00

Patricia Pizito

ORDER DATE : June 2, 2003
ORDER TIME : 11:39 AM
ORDER NO. : 115808-120
CUSTOMER NO: 7170545
CUSTOMER: Mr. William H. Schwartz
Wachovia Corporation
Legal Dept. Pa 4840
123 South Broad Street
Philadelphia, PA 19109

FOREIGN FILINGS

NAME: WS INSURANCE SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan -- EXT# 1155 (AGL)

EXAMINER: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. WS Insurance Services, LLC
(Name of foreign limited liability company)

2. Virginia 3. 54-0910269
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/29/1971 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. June 1, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. c/o Corporation Service Company, 2711 Centerville Rd., Suite 400
Wilmington, DE 19808
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

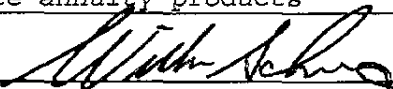
Please see attached list

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10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: sells life insurance
and variable rate annuity products


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

William Schwartz, AVP, First Fidelity Insurance Services of
Typed or printed name of signee Delaware, Inc., sole member

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

WS Insurance Services, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

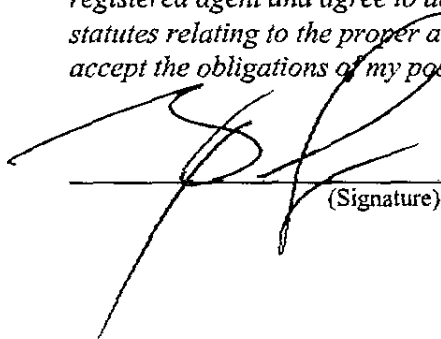
1201 Hays Street
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee FL 32301
(City/State/Zip)

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Brian Courtney
Asst. V. Pres.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

**WS Insurance Services, LLC
Managers**

Names	Business Address
Paul F. Costello	WS 6005 901 E. Byrd Street Richmond, VA 23219
Richard G. Randa	WS 2325 901 E. Byrd Street Richmond, VA 23219
Robert W. Vorlop	WS 2075 901 E. Byrd Street Richmond, VA 23219

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Commonwealth of Virginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

A certificate of organization was issued by the Commission to WS Insurance Services, LLC, a limited liability company formed under the laws of VIRGINIA, effective as of June 01, 2003.

This certificate is in effect as of this date.

As of this date all fees assessed by this Commission have been paid.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
June 5, 2003*

Joel H. Peck

Joel H. Peck, Clerk of the Commission