

**F000000000003879<sup>8</sup>**  
FIRST CONSULTING  
& Administration, Inc.

June 13, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: New England Benefit Companies, Inc.  
FEIN # 39-1052096  
Certificate of Registration

500003295965--7  
-06/19/00--01129--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Dear Sir or Madam:

W-15897

We have been retained by New England Benefit Companies, Inc. to assist in applying for licensing as a Third Party Administrator in your state. In order for the Florida Department of Insurance to complete its review of the TPA application, we must obtain and submit a Certificate of Registration from the Secretary of State.

We enclose the following for your consideration:

A letter of authorization to First Consulting & Administration, Inc., authorizing us to act on behalf of this client.

The original and one copy of the Application By Foreign Corporation for Authorization to Transact Business in Florida.

The original certified copy and one copy of the company's Certificate of Authority from the Rhode Island Secretary of State (domiciliary regulator).

A check in the amount of \$78.75 is enclosed for the required fee.

Please send the certificate to my attention in the enclosed business-reply envelope.

Thank you for your assistance.

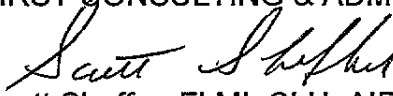
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Florida Department of State  
Division of Corporations  
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June 13, 2000

If you have any questions or need additional information, please call toll-free 1-800-927-2730.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

  
Scott Sheffer, FLMI, CLU, AIRC  
Associate Consultant  
Writer's Extension: 2742  
[scott.sheffer@firstconsulting.com](mailto:scott.sheffer@firstconsulting.com)

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 22, 2000

FIRST CONSULTING & ADMINISTRATION  
1020 CENTRAL, STE 201  
KANSAS CITY, MO 64105-1670

SUBJECT: NEW ENGLAND BENEFIT COMPANIES, INC.  
Ref. Number: W00000015897

We have received your document for NEW ENGLAND BENEFIT COMPANIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The page for officers & directors was missing I enclosed that page is enclosed for you to complete and return.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 300A00035412

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FILE

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:

New England Benefit Companies, Inc.

1. New England Benefit Companies, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Rhode Island 3. 39-1052096  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 1, 1991 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 16 International Way  
Warwick, Rhode Island 02886  
(Current mailing address)

8. Third Party Administrator  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: CT Corporation System

Office Address: \_\_\_\_\_

\_\_\_\_\_, Florida, \_\_\_\_\_  
(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ACCEPTANCE OF APPOINTMENT

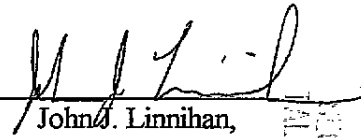
RE: **New England Benefit Companies, Inc.**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: May 11, 2000

C T CORPORATION SYSTEM

By



John J. Linnihan,  
Assistant Vice President

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12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Samuel H. Fleet

Address: 16 International Way

Warwick, RI 02886

Vice Chairman: None

Address:

None

Director:

Address:

None

Director:

Address:

**B. OFFICERS**

President: Samuel H. Fleet

Address: 16 International Way

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Samuel H. Fleet, President/Owner  
(Typed or printed name and capacity of person signing application)



***New England Benefit Companies, Inc.***

16 INTERNATIONAL WAY • WARWICK, RHODE ISLAND 02886-1706 • 800-242-1991 401 739 3330 • fax 800-836-4617 • [www.ncbenefit.com](http://www.ncbenefit.com)

April 28, 2000


To: The Insurance Commissioner

**AUTHORIZATION**

This letter or a copy thereof, authorizes the consulting firm of First Consulting & Administration, Inc. of Kansas City, Missouri, to represent New England Benefit Companies in matters before the Insurance Department.

This authorization shall be valid until revoked by us.

New England Benefit Companies

  
\_\_\_\_\_  
Samuel H. Fleet, President

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RECEIVED  
INSURANCE  
DEPARTMENT  
STATE OF RHODE ISLAND



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

*James R. Langevin, Secretary of State*

*The Office of the Secretary of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that*

***NEW ENGLAND BENEFIT COMPANIES***

*a Rhode Island corporation, filed original articles of incorporation in this office on the third day of July A.D., 1991; and*

*IT IS FURTHER CERTIFIED that said corporation is now of record and in good standing in this office.*

*SIGNED AND SEALED this second day  
of May A.D., 2000.*

*James R. Langevin*

*Secretary of State*

BY *Debra Antonelli*

