

Beneficial	Assurance	L.fd.	Inc.		
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600003296796 -06/20/00--01040--012 *****87.50 *****87.50

WUWUU015692
WW 3505
CONTRO

Signature		
Requested by: (M	6/20	9:35
Name	Date	Time
Walk-In	Will Pick Up	

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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File Cert. + 5/4/
	L.C. File
	Fictitious Name File
	Trade/Service Mark 8
\mathcal{A}	Merger File
	Art, of Amend. File 22
<u>W</u>	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement 55
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
 .	Corp Record Search
	Officer Search Search
1	Fictitious Search AND
121	Fictitious Owner Search
14	Vehicle Search Scarce
	Driving Record
	UCC 1 or 3 File
	UCC_11 Search
	UCC 11 Retrieval
	Courier



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 20, 2000

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: BENEFICIAL ASSURANCE LTD. INC.

Ref. Number: W00000015692

We have received your document for BENEFICIAL ASSURANCE LTD. INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Please note that we have RETAINED your \$87.50 payment.

The application indicates that this corporation has been transacting business in Florida since May 23, 1997. If this is so, then penalty fees are owed.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$3,450.00.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 600A00035056

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DEFARING AF OF STATE AND ACKNOWN OF CORPORATIONS

TALLAHASSEF PRANTING

AFFIDAVIT

The Secretary of the State of Florida:

The undersigned, President of Beneficial Assurance Ltd. Inc. hereby certifies as follow

- 1. The Company has not transacted any business in the State of Florida.
- 2. Section 6 on the Corporation's "Application by Foreign Corporation for Authorization to Transact Business in Florida" was in error. The correct answer to such Section 6 should be "None Transacted."

FURTHER AFFIANT SAYETH NOT.

C:\CLIENTS\Beneficial\Corp\Affidavir-FI-62100.wpd

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN (RE	COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
	Beneficial Assurance, Ltd. Inc.
1	Beneficial Assurance, Ltd. 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	Maryland 3. 52-2085311 State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4.	10-10-97 5. Perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
•	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6	5/23/97
٠. ـ	(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7	8003 Corporate Drive Suite C
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	Baltimore, MD 21236 (Current mailing address)
8. <u>.</u> 9	Viatical Funder (Provider) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Joel Bernstein Esq.
Of.	fice Address: 11900 Biscayne Blvd. Suite 604
	Miami , Florida, 33181 (Zip code)
10	. Registered agent's acceptance:
thi wit the	wing been named as registered agent and to accept service of process for the above stated corporation at the place designated in a supplication, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply the the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept to obligations of my position as registered agent. (Registered agent's signature)
De	. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the partment of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of nich it is incorporated.

A. DIRECT	ORS (Street address only - P.O. Box NOT acceptable)		
Chairman:	Richard Guilford		
Address:	8003 Corporate Drive, Suite C	<u></u>	.1 ·
	Baltimore, MD 21236	<u></u>	=
Vice Chairma	m: Edwin Hirsch	<u> </u>	Tak
Address:	8003 Corporate Drive, Suite C	22	,
Address	Baltimore, MD 21236	2	deti 1 æriginis omt
Director	Robert Brown		in a second
Director:	8003 Corporate Drive, Suite C	o 5	· · · · · · · · · · · · · · · · · · ·
Address:	Baltimore, MD 21236		- 1
Director:		· 2	. <u> </u>
Address:		•	a suppose of the second
B. OFFIC	Baltimore, MD 21236 ERS (Street address only - P.O. Box NOT acceptable)	*	-
	Brad Thompson	<u> </u>	
_		8 3 3 3 3 3 3 3 3 3 3	
Address:	8003 Corporate Drive Suite C Baltimore, MD 21236		÷
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Address:		5 or	. ·· .
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Secretary: _	Robert Brown		
Address:	8003 Corporate Drive, Suite C		
	Baltimore, MD 21236	- =	<u> </u>
Treasurer:	Brad Thompson		w iĝ
Address:	8003 Corporate Drive Suite C		च्या १५ स्ट्रा
	Baltimore, MD 21236		
NOTE: 16	necessary, you may attach an addendum to the application listing additional officers and/or directors.	grand Charles	
12	and A Thomas con-	·	
13. / • 1	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	i tradi	
14	(Typed or printed name and capacity of person signing application)	 	

STATE OF MARYLAND Department of Assessments and Taxation

I. PAUL ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT BENEFICIAL ASSURANCE, LTD. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 12, 2000.

Paul B. Anderson Charter Division

