F01000003693

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Executive Benefit Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Martha Trier
(Name of Person)

Principal Financial Group
(Firm/Company)

000004469990--8
-07/11/01--01081--004
*****70.00 *****70.00

711 High Street
(Address)

Des Moines, IA 50392
(City/State and Zip code)

For further information concerning this matter, please call:

Martha Trier at (515) 248-8731
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

mtn

☒ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

7/12

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. Executive Benefit Services, 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. North Carolina
(State or country under the law of which it is incorporated)

3. 56-1767012
(FEI number, if applicable)

4. February 19, 1992
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. Upon approval
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 434 Fayetteville Street, Suite 1160

Raleigh, North Carolina 27601
(Current mailing address)

8. Marketing, sales and administration of executive employee benefit services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida, 33324
(Zip code)

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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.

C T Corporation System — James M. Halpin, Assistant Secretary
(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.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: See Attachment A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: See Attachment A

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Patricia A. Barry
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Patricia A. Barry, Assistant Corporate Secretary
(Typed or printed name and capacity of person signing application)

Attachment A
Executive Benefit Services, Inc.
Directors and Officers

05-Jun-01

Director

Name, Title, and Date Elected	
Michael T. Daley Chairman of the Board	02/02/2001
Michael G. Curran	02/02/2001
Gary Dorton	02/02/2001
C. Robert Duncan	02/02/2001
Daniel J. Houston	02/02/2001
Blaine W. Laverick	02/02/2001
Robert A. Slepicka	02/02/2001

Officer

Name, Title, and Date Elected	
Michael G. Curran President and Chief Executive Officer	02/02/2001
Joyce N. Hoffman Senior Vice President and Corporate Secretary	02/02/2001
Blaine W. Laverick Senior Vice President - Sales and Marketing	02/02/2001
Gary Dorton Senior Vice President - Operations	02/02/2001
Patricia A. Barry Assistant Corporate Secretary	02/02/2001
Craig L. Bassett Treasurer	02/02/2001
Robert A. Slepicka Relationship Officer	02/02/2001

Corporation Address/Address for all Directors and Officers

711 High Street, Des Moines, Iowa 50392

NORTH CAROLINA
Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EXECUTIVE BENEFIT SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of February, 1992, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 **has been** delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of June, 2001.

Elaine F. Marshall

Secretary of State

Certification Number: 5597767-1 Page: 1 of 1 Ref.# 4619187
1
Verify this certificate online at www.secretary.state.nc.us/Verification.