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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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8 2005

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: MutiNational Administrators, 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: |
| Betsy L. Brougher (Name of Person) |
| |
| MultiNational Administrators, INC. |
| 107.S. Pennsylvania St. #500 |
| (Address) |
| INDIANAPOLIS, IN 46204 |
| (City/State and Zip code) |
| |
| For further information concerning this matter, please call: |
| Betsef L. Blougher at (317) 221-8001 (Name of Person) (Area Code & Daytime Telephone Number) |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy |

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. Multi | National Administrators, INC. | ٠ |
|-------------------|--|----------|
| (Enter name of c | corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," | |
| "Inc.," "Co.," "C | Corp," "Inc," "Co," or "Corp.") | |
| | | |
| | | |
| (If name unavail | lable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) | |
| 2. INDI | :4NA 3. 20-3858263 | |
| (State or country | under the law of which it is incorporated) (FEI number, if applicable) | |
| 410-10 | 9-05 s. <u>Perpetual</u> | |
| | e of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. N/A | | |
| | (Date first transacted business in Florida, if prior to registration) | |
| 0 | (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | |
| 7. <u>107 S.</u> | Pennsylvania ST. #500, INDIANAPOLIS, IN46204 | |
| | (Principal office address) | |
| SAME | | |
| | (Current mailing address) PROFIT, Third Party Claims Administrators | |
| | Sec. of the | Ì |
| 8. <u>FOR-F</u> | PROFIT, Third Party Claims Administrators | پر نر |
| (Purpose(s | s) of corporation authorized in home state of country to be carried out in state of Florida! | |
| 9. Name and stree | et address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Name: | T.B. Judge | |
| Office Address: | 305 S. ANDREW AVE. | |
| Office Address. | 22201 | |
| | FT. LAUDERDALE, Florida 33301 | |
| | (City) (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.

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

| A. DIRECTORS |
|--|
| Chairman: Betsy L. Brougher |
| Address: 107 S. Pennsylvania St. #500 |
| INDIANAPOLIS, IN 46204 |
| Vice Chairman: Tyler Noel |
| Address: 22 E. MIFF/IN ST. |
| MADISON, WI 53403 |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Betsy L. Brougher |
| Address: 107 S. Pennsylvania St. #500 |
| INDianapolis, IN 46204 |
| Vice President: Tyler Noel |
| Address: 23 EAST Mifflin ST. |
| MADISON, WI 53703 |
| Secretary: BETSY L. BROUGHER |
| Address: 107 S. Pennsylvania St. #500, Indianapolis, IN 46. |
| Treasurer: Tyler Noel |
| Address: 22 East Mifflin St., MADISON, WI 53703 |
| NOTE: If nearest recommendate the model of the decrease of the state o |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. (Signature of Director or Officer listed in number 12 of the application) |
| 14. Betsy L. Brougher |
| (Typed or printed name and capacity of person signing application) |

State of Indiana Office of the Secretary of State

CERTIFICATE OF INCORPORATION

of

MULTINATIONAL ADMINISTRATORS, INC.

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.



NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, October 19, 2005.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 19, 2005.

Jose Sobita

TODD ROKITA, SECRETARY OF STATE