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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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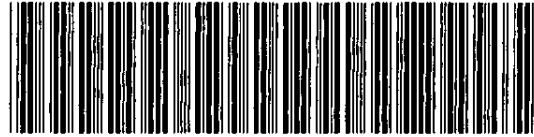
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 AUG 25 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch AUG 26 2008

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Contractors Employee Benefits Administration, 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:

Sandy Coach

(Name of Person)

Contractors Employee Benefits Administration, Inc.

(Firm/Company)

6300 Bridgepoint Parkway, Building 3, Suite 500

(Address)

Austin, TX 78730

(City/State and Zip code)

For further information concerning this matter, please call:

Sandy Coach

(Name of Person)

at (512) 652-7545

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$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

**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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Contractors Employee Benefits Administration, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 33-0449333

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 3/27/2000 5. perpetual

(Date of incorporation)

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

6. upon approval

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6300 Bridgepoint Parkway, Building 3, Suite 500, Austin, TX 78730

(Principal office address)

6300 Bridgepoint Parkway, Building 3, Suite 500, Austin, TX 78730

(Current mailing address)

8. Perform third party administration for insurance carriers

(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 NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Doreen Wallace

(Registered agent's signature)

Doreen Wallace
Assistant Vice President

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mary Catherine (Reni) Sakos, President/Director

Address: 6300 Bridgepoint Parkway, Building 3, Suite 500

Austin, TX 78730

Director: _____

Address: _____

B. OFFICERS

President: Mary Catherine (Reni) Sakos, President/Director

Address: 6300 Bridgepoint Parkway, Building 3, Suite 500

Austin, TX 78730

Vice President: Glenna Cline, Exec. Vice President

Address: 6300 Bridgepoint Parkway, Building 3, Suite 500

Austin, TX 78730

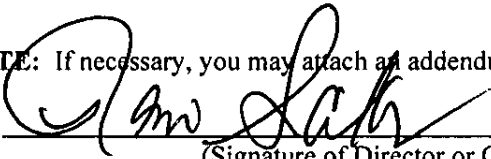
Secretary: Kristin K. Goodale, Secretary

Address: 6300 Bridgepoint Parkway, Building 3, Suite 500, Austin, TX 78730

Treasurer: Kathy Sullivan, VP of Finance/Treasurer

Address: 6300 Bridgepoint Parkway, Building 3, Suite 500, Austin, TX 78730

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. Mary Catherine (Reni) Sakos, President/Director

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
2008 AUG 25 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6762756

DATE: 07-30-08