

Document Number Only  
**F95000000/60**

C T CORPORATION SYSTEM  
Requestor's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL. 32301 (904) 656-8298  
City State Zip Phone

000001875030  
01/10/95--01073--014  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

*Vietnam Inc.*

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| <input type="checkbox"/> NonProfit           |   |   |
| <input checked="" type="checkbox"/> Foreign  | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Repo. t         | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Reinstatement       | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of R.A.     |
|  |   | <input type="checkbox"/> Fictitious Name    |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> CUS / G/S          |
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**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. Viaticus, Inc.  
(Name of corporation: must include the word "INCORPORATED," "COMPANY," or "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. Delaware  
(State or country under the law of which it is incorporated)

3. March 8, 1994 4. Perpetual  
(Date of Incorporation) (Duration)

5. 16-3944609  
(Federal Employer Identification number, if applicable)

6. Upon Qualification  
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)

7. 55 East Jackson Blvd. Suite 2000, Chicago, Illinois 60604  
(Current mailing address)

8. and to enter into viatical settlement contracts.  
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and street addresses of officers and or directors:

**A. Directors:**

Chairman: See attached list of directors

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

Vice Chairman: See attached list of directors

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

Director: See attached list of directors

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

Director: \_\_\_\_\_

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

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**D. Officers:**

President: See attached list of officers

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

**10. Name and Street address of Florida registered agent:**

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Zip Code

**11. 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 heroby 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

Registered agent's signature: \_\_\_\_\_

Connie Bryan (Officer)

SPECIAL ASSISTANT SECRETARY

(Typed Name and Title of Officer)

12. 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.

13. \_\_\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Gary D. Chodes, President

(Name and capacity of person signing application)

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE</u> <u>ZIP</u>
PRESIDENT & DIRECTOR	Gary D. Chodes	55 E. Jackson Blvd. Suite 2000	Chicago, Illinois 60604
SECRETARY & DIRECTOR	David T. Cumming	CNA Plaza	Chicago, Illinois 60685
DIRECTOR	John R. Banks	55 E. Jackson Blvd. Suite 2000	Chicago, Illinois 60604
VICE PRESIDENT	Rhonda Bacci	55 E. Jackson Blvd. Suite 2000	Chicago, Illinois 60604
DIRECTOR	Jack Kettler	CNA Plaza	Chicago, Illinois 60685
DIRECTOR	Lew H. Nathan	CNA Plaza	Chicago, Illinois 60685
DIRECTOR	Terence E. Savage	CNA Plaza	Chicago, Illinois 60685
DIRECTOR	William H. Sharkey, Jr.	CNA Plaza	Chicago, Illinois 60685

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State of Delaware  
*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIATICUS, 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 FIFTH DAY OF JANUARY, A.D. 1995.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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*Edward J. Freel*  
\_\_\_\_\_  
Edward J. Freel, Secretary of State

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AUTHENTICATION

DATE

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01-05-95