on/Registration Section Division of Corporations 409 E. Gaines Street

Capital Alliance Insurance Company, Inc. Qualification in Florida



Dear Madam or Sir:

Tallahassee, FL 32399

On behalf of Capital Alliance Insurance Company, Inc., an Alabamadomiciled insurer, enclosed are the following documents which are required to secure a charter to do business in the State of Florida:

- 1. Application by Foreign Corporation For Authorization To Transact Business in Florida.
- Original Certificate of Existence from the Alabama 2. Secretary of State.
- 3. Request for a certified copy of the Application.
- Transmittal letter which was included in the packet from 4. the Florida Department of State.
- A check payable to the Secretary of State of Florida for 5. \$131.25 to cover the fees for registration as follows:

	79 7
\$ 35.00	riling Fee ~ 5
35.00	Registered Agent Designation Recordificate of Status
8.75	Certificate of Status
52.50	Certified Copy of the Application
\$131.25	Total 55

Please consider this an official request to send a Certificate of Status, directly to my attention, c/o Skandia America Corporation, to the above address, along with a letter of acknowledgement of this registration. Thank you.

Sincerely,

Mary Luc Hell

Mary Sue Bell Corporate Paralegal

100001454021 -04/12/95--01024--001 ****131.25 ****131.25

Enclosures

cc: Nancy P. Gordon Joan M. Lancellot

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATION'S	DIVISION OF 12
SUBJECT: Capital Alliance Insurance Company, Inc. (Name of corporation)	LLED RY OF STATE CORPORATIONS PHI2: 28
Dear Sir or Madam:	•
The enclosed "Application by Foreign Corporation for Authorization to Florida", "Certificate of Existence", and check are submitted to register foreign corporation to transact business in Florida.	Transact Business in the above referenced
Please return all correspondence concerning this matter to the following:	
Mary Sue Bell (Name of Person)	
Skandia America Corporation (Firm/Company)	
55 Alhambra Plaza (Address)	
Coral Gables, FL 33134 (City, State and Zip Code)	

COURIER ADDRESS:

(Name of Person)

Mary Sue Bell

Joan M. Lancellot

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Should you need to call someone concerning this matter, please call:

at (305

MAILING ADDRESS:

(305) 461-7436

Area Code & Daytime Telephone Number

Qualification/Registration Sec. **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

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:

STATE OF FLORIDA:		on to material	DOSINESS IN THE
			95 95
1. Capital Alliance Ins	surance Company, Inc.		SEL VISIL
abbreviations of like import in	surance Company, Inc. include the word INCORPORATE In language as will clearly indicate t lined in the name at present.)	D", "COMPANY", "CORPO	DRATION" or words or
or partnership if not so conta	lined in the name at present.)	in the a corporation the	read of a untintal belock
2. Alabama	3.	63-0942331	72: 35 SE
	w of which it is incorporated)	(FEI number, if applic	able) & SH
4. November 12, 1986 (Date of Incorporation		1"	· · · · · · · · · · · · · · · · · · ·
	(00.020)	Year corp. will cease to	
(Data first transacted busines	a license to transact ins ss in Florida. <i>(See sections 607.15</i>	urance in Florida	with the Dept. of Ins.
7. 1286 Carmichael Way		01, 007.1902, and 617.19	00, F.S.)
			
Montgomery, Alabama			
(Current mailing address)		
8. To transact insurance			
(Purpose(s) of corporation	authorized in home state or count	ry to be carried out in th	e state of Florida)
o. Hame and Suggradit	dress of Florida registered	agent:	
Name: _	Insurance Commission	ner	
Office Address: _	Capitol	· —	
O 11100 Add 1633			
•	<u>Tallahassee</u>	, Florida ,	32399-0300
		•	(Zip Code)
10. Registered agent's	acceptance:		
	gistered agent and to accep	t sonion of	Annah and an an an
Co. Polition of the blace	uesumaien in thic annocato	nn / harak	4.
regree to butting and aure	P III ACTIII MIS CANACINI I BII	MAC	
with and accept the obliga	the proper and complete peri- tions of my position as regis	'Ormance of my duti Stered agent	ies, and I am familiar
J	, paration as regio	u uyent.	
_ 	Insurance Commission	er	
	(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:

Α.	·	DI	R	E	CT	0	R	S

~ :	DINECTORS	
	Chairman:	Anders Grabo
		Skandia America Group
	Autess.	One Liberty Plaza New York, NY 10006
		man:
	Address: _	
	•	
	Director: _	Randell C. Chaffin
	Address: _	55 Albambra Plaza
ģ		Coral Gables, FL 33134
	© Director: _	Richard A. Rauschenberg
26. 29.	Address:	1286 Carmichael Way
600		Montgomery Alabama 36106
B. ~	OFFICERS	•
APP	President:	Randell C. Chaffin
છે		55 Alhambra Plaza
		Coral Gables, FI. 33134
		ident: <u>Maria L. Rodriguez-Scott</u>
	Address:	55 Albambra Plaza
		Coral Gables, FL 33134
	Secretary	: Nancy P. Gordon
	Address:	55 Alhambra Plaza
		Coral Gables. FL 33134
	Treasure	r: <u>Maria L. Rodriquez-Scott</u>
	Address:	55 Alhambra Plaza
		Coral Gables, FL 33134
NOT	F. If nacassany you	may attach an addendum to the application I

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

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

14. R.C. Chaffin, President

ADDENDUM LIST OF MAMES AND ADDRESSES OF OFFICERS

Regional Vice President: Richard A. Rauschenberg

1286 Carmichael Way

Montgomery, Alabama

Senior Vice President: John D. Marshall 55 Alhambra Plaza

Coral Gables. FL 33134

Senior Vice President: William V. Santore

55 Alhambra Plaza

Coral Gables, FL 33134

Vice President: Fred K. Ellis

One Liberty Plaza New York, NY 10006

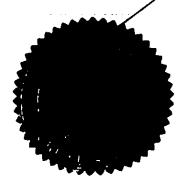
Vice President: Robert H. Hancock

500 Northpark Town Center 1100 Abernathy Road - Suite 625 Atlanta, GA 30328

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that the domestic corporation records on file in this office disclose that Capital Alliance Insurance Company, Inc. incorporated in Jefferson County, Birmingham, Alabama on November 12, 1986. I further certify that the records do not disclose that said Capital Alliance Insurance Company, Inc. has been dissolved.

SECRETARY OF STATE



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

March 23, 1995

Date

Jin Bonnett

Jim Bennett

Secretary of State

00001781

February 21, 1997

Skandia America Corporation 55 Alhambra Plaza Coral Gables, FL 33134 Telephone (305) 461-7400 Telefax (305) 461-4399 E-mail sac'aw@ix.netcom.com

Amendment Section Division of Corporations Florida Secretary of State P.O. Box 6327 Tallahassee, FL 32314

Capital Alliance Insurance Company, Inc., an Alabama

Skandia

corporation - Withdrawal of Authority To Transact
Business in Florida

Dear Sir or Madam:

Enclosed please find the following documents to effect the withdrawal of Capital Alliance
Insurance Company, Inc., an Alabama corporation ("Capital Alliance"), as a foreign corporation in the State of Florida. in the State of Florida:

- One original and one copy of the completed withdrawal application duly signed by the 1. president of Capital Alliance;
- A check made payable to the Department of State for \$87.50 to cover the costs of the 2. filing fee and the cost of one certified copy.

After this withdrawal is completed, please let me know if Capital Alliance would be responsible for filing the 1997 Annual Corporation Report that is due by May 1, 1997.

If you have any questions or need any further information, please contact me at (305) 461-7436. Please return the certified copy to my attention at the following address:

Joan Lancellot c/o Skandia America Corporation 55 Alhambra Plaza Coral Gables, FL 33134

Thank you.

Sincerely.

an M. Lancellet Inan M. Lancellot

& Corporate Paralegal

Assistant Vice President

Enclosures

Nancy P. Gordon CC:

Maria L. Rodriguez-Scott

FEB 2 7 1997

Wither.

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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Capital Alliance Insurance Company, Inc	·
(Name of Corporation)	ANGA A
Alabama	
(Incorporated Under Laws Of)	- COM
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