

CEA **95000003420** **CONTINGENT INSURANCE**
ADMINISTRATORS

July 11, 1995

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

To whom it may concern:

I am enclosing a check in the amount of \$78.75 needed to process our application to transact business in Florida as a foreign corporation.

Enclosed you will also find:

- 1.) Completed signed originals of the application.
- 2.) A Certificate of Good Standing from our resident state, California.

Upon approval of our application, I would like to request that a Certificate of Status from Florida be mailed to the following address:

C.E.B.A.
11828 Rancho Bernardo Road, 123-400
San Diego, CA 92128
Attn: Marge Marcotte

300001539603
-07/18/95--01037--015
*****78.75 *****78.75

If you have any questions, or need additional information, please contact me at 1-800-835-3310.

Very truly yours,

Marge Marcotte

Marge Marcotte
Accounting Supervisor

enclosures

cc: File

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC.
(Name of corporation: 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. CALIFORNIA
(State or country under the law of which it is incorporated)
3. NOVEMBER 5, 1990 4. PERPETUAL
(Date of Incorporation) (Duration)
5. 33-044-9333
(Federal Employer Identification number, if applicable)
6. WE DO NOT HAVE ANY BUSINESS IN FLORIDA.
(Date first transacted business in Florida. See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 11828 RANCHO BERNARDO ROAD, 123-400 SAN DIEGO, CA 92128
(Current mailing address)
8. THIRD PARTY ADMINISTRATOR FOR INSURANCE CARRIERS
(Brief description of the nature of the business in which it is engaged in the state of Florida)

9. Names and addresses of officers and or directors:

A. Directors:

Chairman: ROBERT STERLING BOON

Address: 5517 CUESTA VERDE
AUSTIN, TEXAS 78746

Vice Chairman: _____

Address: _____

Director: BRIAN ALLAN BALARSKY

Address: 6880 TOWNVIEW LANE
SAN DIEGO, CALIFORNIA 92120

Director: HOWARD DAVID FINKELSTEIN

Address: 1710 MONMOUTH DRIVE
SAN DIEGO, CALIFORNIA 92109

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TALLAHASSEE FLORIDA

B. Officers:

President: ROBERT STERLING BOON

Address: 5517 CUESTA VERDE
AUSTIN, TEXAS 78746

Vice President: _____

Address: _____

Secretary: BRIAN ALLAN BALARSKY

Address: 6880 TOWNVIEW LANE
SAN DIEGO, CALIFORNIA 92120

Treasurer: BRIAN ALLAN BALARSKY

Address: 6880 TOWNVIEW LANE
SAN DIEGO, CALIFORNIA 92120

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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: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida 32399-0300
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 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: Insurance Commissioner

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. BRIAN A. BALARSKY, CHIEF FINANCIAL OFFICER
(Name and capacity of person signing application)

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 5th day of November, 19 90,

CONTRACTORS EMPLOYEE BENEFITS ADMINISTRATION, INC.
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this
5th day of July, 1995



BILL JONES
Secretary of State

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