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C T Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301

City State Zip Phone

900002347339--1
-11/14/97--01044--015
*****70.00 *****70.00

CORPORATION(S) NAME

Student Assurance Services, Inc.

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DIVISION OF CORPORATIONS
97 NOV 14 PM 1:30

X Profit
( ) NonProfit
( ) Limited Liability Company
X Foreign

( ) Amendment
( ) Dissolution/Withdrawal

( ) Merger
( ) Mark

( ) Limited Partnership
( ) Reinstatement
( ) Limited Liability Partnership

( ) Annual Report
( ) Reservation

( ) Other
( ) Change of R.A.
( ) Fictitious Name

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CR2E031 (1-89)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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. Student Assurance Services, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "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. Minnesota
(State or country under the law of which it is incorporated)

3. 41-1311103
(FEI number, if applicable)

4. September 28, 1977
(Date of incorporation)

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

6. None to date
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

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7. 333 North Main Street
Stillwater, MN 55082-0196
(Current mailing address)

8. Insurance Sales and Administration
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. 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)

10. Registered agent 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 obligation of my position as registered agent.

C T CORPORATION SYSTEM

Susan J. Wanner

(Registered agent's signature) (Officer)

Susan J. Wanner, Asst. Secy.

(Type Name and Title of Officer)

(FL - 2189 - 9/23/97)
CT System

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:

A. DIRECTORS

Chairman: Mark L. Desch

Address: 9985 Arcola Crt

Stillwater, MN 55082

Vice Chairman: Gloria M. Desch

Address: 9985 Arcola Crt

Stillwater, MN 55082

Director: David M. Desch

Address: 689 Hidden Valley Crt

Stillwater, MN 55082

Director:

Address:

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B. OFFICERS

President: Mark L. Desch

Address: 9985 Arcola Crt

Stillwater, MN 55082

Vice President: James J. Lock

Address: 643 N 750 Rd

Lawrence, KS 66047

Secretary: Gloria M. Desch

Address: 9985 Arcola Crt

Stillwater, MN 55082-0196

Treasurer: David M. Desch

Address: 689 Hidden Valley Crt

Stillwater, MN 55082

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

13. Mark L Desch

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

14. Mark L. Desch, President

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

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(FLA. 2189)

State of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

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DIVISION OF [illegible]
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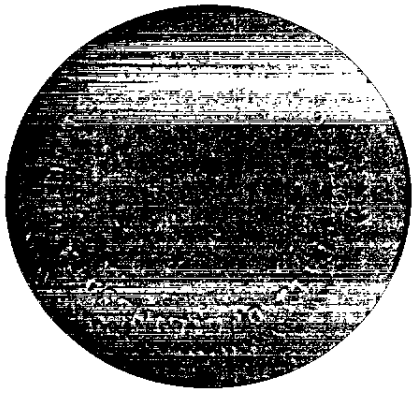
Name: Student Assurance Services, Inc.

Date Formed: 09/28/1977

Chapter Governed By: 302A

This certificate has been issued on 11/13/97.



Joan Anderson Growe
Secretary of State.