

F980000001138

Central Licensing Bureau

STATE 550
PROSPECT BUILDING
1501 NORTH UNIVERSITY
LITTLE ROCK, ARKANSAS 72207

(501) 664-8044
FAX (501) 664-6182

REVA FLETCHER
President

GEN BRADSHAW, FLMI
Vice President

February 24, 1998

Division of Corporations
Certification Section
P.O. Box 6327
Tallahassee, Florida 32314

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-02/27/98--01057--003
*****70.00 *****70.00

Dear Sir/Madam:

Enclosed please find the necessary documents to qualify Superior Vision Services, Inc. dba Superior Vision Plan, Inc. to do business in your state.

I trust this letter and the enclosed documents places them in compliance with your Statutes. However, if any further action is required, please do not hesitate to contact me.

Thank you for your assistance with this filing.

Sincerely,

Josie Galloway
Josie Galloway
Initial Licensing Division

JG/dj

Enclosures

F98-1138

LR2/27

98 FEB 27 PM 1:30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RESOLUTION OF BOARD OF DIRECTORS

I, the undersigned Rick P. Corbett, do hereby certify
that this Resolution of the Board of Directors of Superior Vision Services, Inc.
a corporation duly organized and existing under the laws of the State of Delaware,
was duly adopted on _____, 19 98.

Resolved, that Superior Vision Services, Inc., organized
and existing in the State of Delaware, hereby adopts the
name Superior Vision Plan, Inc. for use in Florida.

X Dated: 2/20/98

Rick P. Corbett
Signature of at least one director
Richard Corbett-President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 27 PM 1:30

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:

1. Superior Vision Services, Inc. d/b/a Superior Vision Plan, 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. Delaware 3. 13-3741352
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/17/93 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 24012 Calle de la Plata, Suite 350
Laguna Hills, CA 92653
(Current mailing address)

8. Third Party Administrator
(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: Insurance Commissioner

Office Address: Capitol

Tallahassee, Florida, 32399-0300
(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.*

Insurance Commissioner
(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.

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12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SEE ATTACHED

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Richard P. Corbett, President / CEO
(Typed or printed name and capacity of person signing application)

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Superior Vision Services Board of Directors

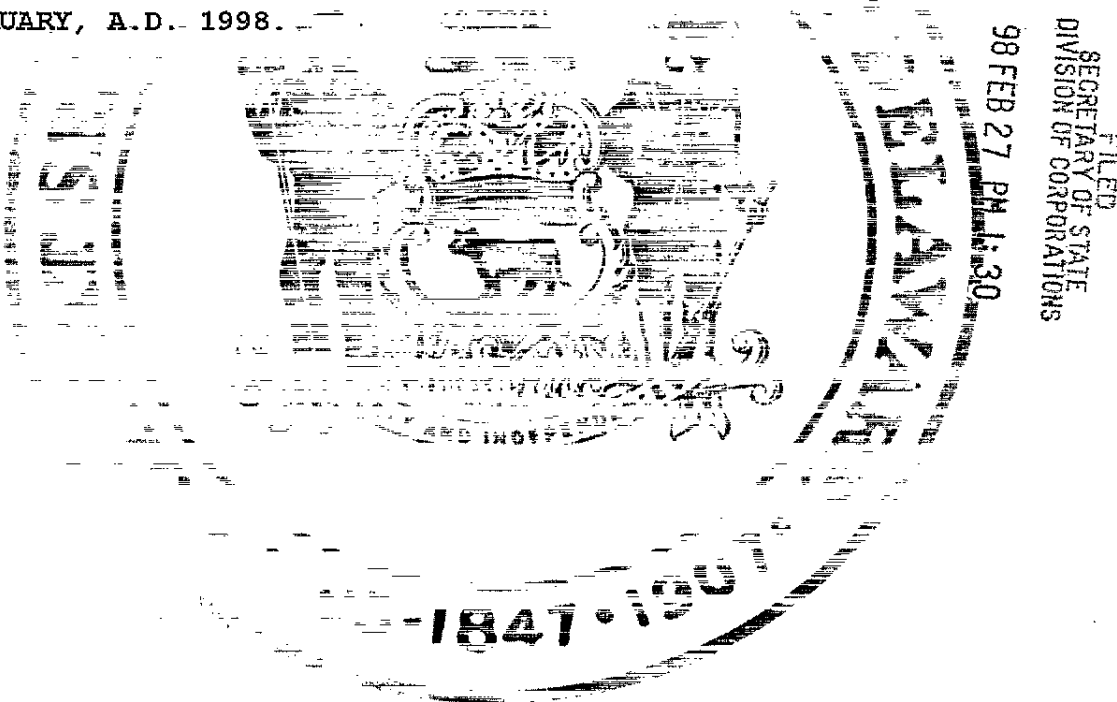
<u>Name</u>	<u>Resident Address</u>	<u>Title</u>
Rick Corbett	7185 Sierra Drive Granite Bay, CA 95746	Officer & Director President/CEO
Dr. Charles D. Fritch	12200 Snow Rd. Bakersfield, CA 93312	Director
William R. Merriam	25 Gideons Point Rd. Tonka Bay, MN 55331	Director
James L. Lund	9595 Wilshire Blvd. Beverly Hills, CA 90212	Director
Desiree DeStefano	555 Theodore Fremd Ave., # B-302 Rye, NY 10580	Director
Roger D. Jacobson	3537 Dunbar Knoll Brooklyn Park, MN 55443	Director Treasurer/Secretary

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State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUPERIOR VISION SERVICES, 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 TENTH DAY OF FEBRUARY, A.D. 1998.



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

2329348 8300

DATE: 8912913

981043543

02-10-98