

F99000001577

Benefit Claims Payors, Inc.
Excellence in Health Insurance Administration

March 23, 1999

Florida Department of State
Qualifications Section
409 E. Gaines Street
Tallahassee, Florida 32399

700002817017--6
-03/23/99-01108-005
*****78.75 *****78.75

RE: Application by Foreign Corporation for Authorization to Transact Business in Florida
Benefit Claims Payors, Inc.

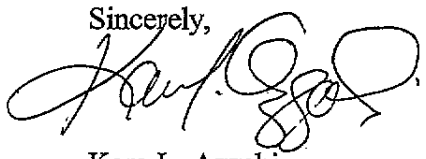
Dear Sirs:

Attached you will find our application as referenced above, along with a Certificate of Status from our home state, and the application fee. The check is in the total amount of \$78.75, including the fee of \$70.00 and additional \$8.75 needed to obtain a Certificate of Status from the State of Florida.

Please forward the Certificate of Status, as soon as possible, via Federal Express. The Federal express number to use is: #112890742.

Thank you for your attention to this matter. If you have any questions or need additional information, please contact me directly at 1-800-266-6868, extension 4523.

Sincerely,



Kara L. Azzabi
Compliance Assistant

WP
3/24
FILED
99 MAR 24 PM 3:10
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. **BENEFIT CLAIMS PAYORS, 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. **ARIZONA**

(State or country under the law of which it is incorporated)

3. **86-0550879**

(FEI number, if applicable)

4. **MAY 23, 1986**

(Date of Incorporation)

5. **PERPETUAL**

(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. **P. O. BOX 37400**

PHOENIX, AZ 85069

(Current mailing address)

8. **THE CORPORATION INITIALLY INTENDS TO CONDUCT THE BUSINESS OF INSURANCE**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

CLAIMS ADMINISTRATION AND INSURANCE RELATED SERVICES

9. Name and street address of Florida registered agent:

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 S. Pine Island Road**

Plantation

33324

(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.



(Registered agent's signature)

Vickie M. Prince

Assistant Secretary

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.

FILED
99 MAR 24 PM 3:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MARK V. MERTEL

Address: 4401 E. BERYL LANE

PHOENIX, AZ 85028

Director: MIRIAM MERTEL

Address: 4401 E. BERYL LANE

PHOENIX, AZ 85028

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

President: MARK V. MERTEL

Address: 4401 E. BERYL LANE

PHOENIX, AZ 85028

SENIOR Vice President: MARY JO RANDALL

Address: 512 W. LAS PALMARITAS

PHOENIX, AZ 85021

Secretary: MIRIAM MERTEL

Address: 4401 E. BERYL LANE

PHOENIX, AZ 85028

Treasurer: MARK V. MERTEL

Address: 4401 E. BERYL LANE

PHOENIX, AZ 85028

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

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

14. MARY JO RANDALL / SENIOR VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
99 MAR 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

FILED
99 MAR 24 PM 3:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

To all to whom these presents shall come, greeting:

I, Stuart R. Brackney, Acting Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****BENEFIT CLAIMS PAYORS, INC.*****

a domestic corporation organized under the laws of the state of Arizona, did incorporate on May 27, 1986.

I further certify that this corporation has filed all affidavits and annual reports and paid all filing fees required to date and, therefore, is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capitol, this 19th day of March, 1999, A. D.



Stuart R. Brackney
Acting Executive Secretary

BY: *[Signature]*