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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

000002892870--3

-06/02/99--01063--023

*****70.00 *****70.00

SN Insurance Administrators, Inc

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| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input checked="" type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other ucc filing |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| | | <input type="checkbox"/> Fic. Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TO

JEFFREY D. BUTTERFIELD

JUN - 1 1999

**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. SN INSURANCE ADMINISTRATORS, 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. California
(State or country under the law of which it is incorporated)
3. 95-4716074
(FEI number, if applicable)
4. November 6, 1998
(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. 11171 Sun Center Drive, Rancho Cordova, California 95670

(Current mailing address)
8. A corporation processing claims on behalf of insurers, functioning as a 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: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida, 33324
(Zip Code)

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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.

Naseem A. Conde
C T Corporation System

(Registered agent's signature) (Officer)
NASEEM A. CONDE

SPECIAL ASST. SECRETARY

(Type Name and Title of Officer)

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: C. Len Pecchenino

Address: 10310 Kopachuck Dr. NW

Gig Harbor, Washington 98335

Vice Chairman: _____

Address: _____

Director: see attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: see attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

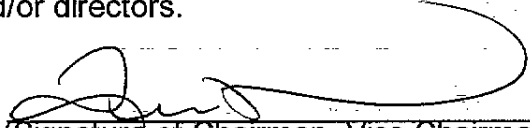
Address: _____

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Treasurer: _____

Address: _____

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

13.  5/21/99
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Trecia M. Nienow, Secretary
(Typed or printed name and capacity of person signing application)

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Directors of
SN INSURANCE ADMINISTRATORS, INC.**

1. C. Len Pecchenino
10310 Kopachuck Dr. NW
Gig Harbor, Washington 98335
2. Bradley Cooper
One Chase Manhattan Plaza, 44th Floor
New York, New York 10005
3. William L. Gentz
26601 Agoura Road
Calabasas, California 91302
4. Steven D. Germain
One Chase Manhattan Plaza, 44th Floor
New York, New York 10005
5. Roger W. Gilbert
1801 Antigua Circle
Newport Beach, California 92660
6. Steven B. Gruber
66 E. 55th Street
New York, New York 10022
7. Thomas J. Jamieson
3101 State Road
Bakersfield, California 93308
8. Gordon E. Noble
98 Main Street, #226
Tiburon, California 94920
9. Craig F. Schwarberg
5407 Mission Drive
Mission Hills, Kansas 66208
10. J. Chris Seaman
26601 Agoura Road
Calabasas, California 91302
11. Robert A. Spass
One Chase Manhattan Plaza, 44th Floor
New York, New York 10005

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Appendix to Florida
Application by Fgn. Corp. for Authorization to Transact Business in Florida

**Officers of
SN INSURANCE ADMINISTRATORS, INC.**

1. C. Len Pecchenino, Chairman of the Board
10310 Kopachuck Dr. NW
Gig Harbor, Washington 98335
2. Larry Lang, President
26601 Agoura Road
Calabasas, California 91302
3. Hal Fedora, Vice President
26601 Agoura Road
Calabasas, California 91302
4. Sue Ann Binder, Vice President and Treasurer
26601 Agoura Road
Calabasas, California 91302
5. Treacia M. Nienow, Secretary
11171 Sun Center Drive
Rancho Cordova, California 95670

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TALLAHASSEE, FLORIDA

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 6th day of November, 19 98,

SN INSURANCE ADMINISTRATORS, 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 day of
May 28, 1999



Bill Jones

Secretary of State

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