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CR2E031 (1-S9)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSA **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 1. Healthcare Insurance 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. Texas 76-0294160 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. 820 Gessner, Suite 1000 Houston, Texas 77024 (Current mailing address) 8. Insurance brokerage (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation , Florida, 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 significant agent.

VICTOR ALFANO
ASSISTANT SECRETAR

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: (Street address ONLY - P.O. Box NOT acceptable)

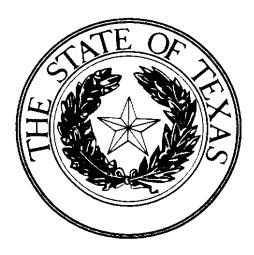
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Director: William F. Galtney, Jr.		er e
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Houston, Texas 77024	<u> </u>	* F =
easurer: Joseph L. Moore		ty 1
dress: 820 Gessner, Suite 1000		
Houston, Texas 77024	<u> </u>	
	application listing additional per	. =
OTE: If necessary, you may attach an addendum to the	approvation fishing additional officers and/or directors.	
	or any officer listed in number 12 of the application)	The state of the s



IT IS HEREBY CERTIFIED that Articles of Incorporation of

HEALTHCARE INSURANCE SERVICES, INC. File No. 1134389-00

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on September 16, 1999.

> Elton Bomer Secretary of State

PH