

8/29/97
9:54 AM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

((H97000014333 3))

TO: DIVISION OF CORPORATIONS
(850) 922-4001

FAX #:

FROM: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
075350000353

ACCT#:

CONTACT: CATHY LEACH
PHONE: (212) 431-5000
(212) 431-1441

FAX #:

NAME: CAPITAL ASSURANCE CO.

AUDIT NUMBER.....H97000014333

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES..... 2

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE
FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

5
97 SEP -2 PM 1:41
FLA FAX INC, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

September 2, 1997

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

SUBJECT: BENEFITS ASSURANCE CO.
REF: W97000020090

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

The corporate name must be identical throughout the document.

If you have any further questions concerning your document, please call (850) 487-6924.

Sharon Tala
Document Specialist Supervisor

FAX Aud. #: H97000014333
Letter Number: 097A00043674

H97000014333

ARTICLES OF INCORPORATION
OF
BENEFITS ASSURANCE CO.

The undersigned sole incorporator, being a natural person competent to contract and desiring to form a corporation under Title XXXV, Chapter 607 of the revised Florida Statutes, herewith submits the following information:

1. The name of the corporation is BENEFITS ASSURANCE CO.
2. The duration of the corporation shall be perpetual.
3. The general purpose or purposes for which this corporation is being formed are to include the transaction of any or all lawful business for which corporations may be incorporated under this chapter.
4. The aggregate number of shares which the corporation shall have authority to issue is 1,000 shares, all without par value and of one class.
5. The principal address and mailing address of the corporation will be 7154 N. University Drive, Suite 75, Tamarac, Florida 33321 and the name of its initial registered agent at such address is Janet LeComte.
6. The number of directors constituting the initial board of directors is ONE and the name and address of each person who is to serve as a member thereof is as follows: Janet LeComte, 7154 N. University Drive, Suite 75, Tamarac, Florida 33321.

BlumbergExcelsior
62 White St
NY, NY 10013
212-431-5000

H97000014333

97 SEP -2 PM 1:41
FLORIDA

H97000014333

7. The name and address of the sole incorporator is:

MONICA M. BURTON, 62 WHITE STREET, NEW YORK, NY 10013

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these Articles of Incorporation.

Date: AUGUST 27, 1997



MONICA M. BURTON
SOLE INCORPORATOR

BlumbergExcelsior
62 White St
NY, NY 10013
212-431-5000

H97000014333

SEP-02 97 11:11 FROM:XL CORP & RESEARCH 212-431-1441

TO:FLAFAXINC

PAGE:05

H97000014333

ACCEPTANCE OF APPOINTMENT

AS

REGISTERED AGENT

I, the undersigned, hereby accept appointment as Registered Agent
of BENEFITS ASSURANCE CO., the within named corporation.

Dated: AUGUST 27, 1997


Janet LeComte

MALDEN, MASSACHUSETTS, FLORIDA

97 SEP -2 PM 1:41

BlumbergExcelsior
62 White St
NY, NY 10013
212-431-5000

H97000014333