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LONG TERM CARE INSURANCE SERVICE, INC. 2681 SOUTH COURSE DRIVE #906 POMPANO BEACH, FLORIDA 33069



February 5, 1998

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

500002435305--9_ -02/19/98--01059--016 ****122.50 ****122.50

RE: Long Term Care Insurance Service, Inc.

Gentlemen:

Enclosed please find the original and one copy of both the Articles of Incorporation for Long Term Care Insurance Service, Inc. and the Certificate and Acknowledgement of Registered Agent.

Also enclosed is a check in the amount of \$122.50 to cover the following: Charter Tax, Filing Fee, Certified Copy of Articles of Incorporation, and the Filing Fee for Registered Agent Certificate for the above named corporation.

Very truly yours,

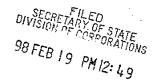
LONG TERM CARE INSURANCE SERVICE, INC.

Lois/Fell

Enc.

ARTICLES OF INCORPORATION

of



LONG TERM CARE INSURANCE SERVICE, INC.

The undersigned, acting as incorporator, hereby forms a corporation under the laws of the State of Florida and adopts the following Articles of Incorporation for such corporation:

ARTICLE I

The name of this corporation is:

LONG TERM CARE INSURANCE SERVICE, INC.

ARTICLE II

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III

This corporation is organized for the purpose of engaging in:

- (a) Insurance sales;
- (b) To engage in any activities or businesses permitted under the laws of the United States and the State of Florida.

ARTICLE IV

This corporation is authorized to issue One Hundred (100) shares of One Dollar (\$1.00) par value common stock.

ARTICLE V

The principal office and mailing address of the corporation is:

2681 South Course Drive # 906 Pompano Beach, Florida 33069 Telephone: (954) 979-7496

The name and address of the Initial Registered Agent of this corporation is:

Robert B. Colitz 2681 South Course Drive # 906 Pompano Beach, Florida 33069

ARTICLE VI

This corporation shall have one (2) Directors initially, constituting the initial board of directors of the corporation, and the name and address of the persons to serve as directors until the first annual meeting of shareholders or until their successor(s) is elected and shall qualify is:

Lois Feld Robert Colitz 2681 South Course Drive #906 2681 South Course Drive #906 Pompano Beach, Florida 33069 Pompano Beach, Florida 33069

The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1) nor more than seven (7).

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is as follows:

Lois Feld
1306 South Course Drive #906
Pompano Beach, Florida 33069

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this day of February, 1998.

Lois Feld

State of Florida County of

BEFORE ME, A Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared Lois Feld known to me and known to me to be the person who executed the foregoing Articles of Incorporation, and who acknowledged before me that she executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this day of February, 1998.

Notary Public

My commission expires

Candy Kaplan

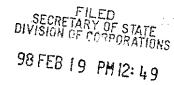
Candy Kaplan

Candy Kaplan

Commission No. CC 353030

Commission Expires 03/06/98

Lago-3-NOTARY - Fla Notary Service & Bonding Co.



CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

LONG TERM CARE INSURANCE SERVICE, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation at 2681 South Course Drive, #906, Pompano Beach, Florida 33069, has named Robert Colitz, located at 2681 South Course Drive, #906, Pompano Beach, Florida, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Robert Colitz

Registered Agent