F01000003693

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Executive Benefit Services, Inc.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bu "Certificate of Existence", and check are submitted to register the above referenced to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Martha Trier	· .
(Name of Person)	
,	QQ44699990 <u></u> -8
Principal Financial Group	-07/11/0101081004 *****70.00 *****70.00
(Firm/Company)	**************************************
711 High Street	
(Address)	
Des Moines, IA 50392	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Tot fateliet information concerning that matter, produce ours.	
W #	
Martha Trier at (515) 248-8731	N-1-1-2
(Name of Person) (Area Code & Daytime Telephone STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 (Area Code & Daytime Telephone MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	FILED FILED ECRETARY OF STATE LAHASSEE, FLORIDA
Enclosed is a check for the following amount:	mtu
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ \$78.75 Filing Fee & \$\Boxed{\sigma}\$ Certificate of Status Certified Copy	\$87.50 Filing Fee, Certificate of Status & 7/12 Certified Copy

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. Executive Ber	nefit Services, Inc.		* 4 - * *	
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or				
words or abbro	eviations of like import in language	as will clearly ind	icate that it is a corporation inste	ead of a
natural person	or partnership if not so contained in	a the name at pres	ent.)	
2. North Carolin		, 3.	56-1767012	
(State or count	ry under the law of which it is incor	porated)	(FEI number, if appl	icable)
4. February 19,		5. perpetual		
(Da	ate of incorporation)	(Duration	: Year corp. will cease to exist	or "perpetual")
6. Upon approva				
(Date fir	st transacted business in Florida.) (S	SEE SECTIONS 6	07.1501, 607.1502 and 817.155	, F.S.)
7. 434 Fayettevil	lle Street, Suite 1160			
Raleigh, Norti	ı Carolina 27601			
		mailing address)		1940
	•	,		
8. Marketing, sal	es and administration of executive	emplovee benefit	services	
(Purpose	e(s) of corporation authorized in hon	ne state or country	to be carried out in state of Flor	rida)
9. Name and st	reet address of Florida registe	red agent: (P.C). Box or Mail Drop Box <u>NO</u>	Tacceptable)
Name:	C T Corporation System			
			•	TA P 11
Office Address:	1200 South Pine Island Road		e e e	
	Plantation		71 11 2224	
	Tattaton		, Florida, 33324 (Zip code)	SI SI
			(Zip code)	A 1 5
10. Registered	agent's acceptance:			OA OA
Umring hear war				
this application. I	ed as registered agent and to accep hereby accept the appointment as	it service of proce registered agent a	ss for the above stated corporat	ion at the place designated in
with the provision	's of all statutes relative to the prop	er and complete p	performance of my duties, and l	am familiar with and accept
the obligations of	my position as registered agent.		James M. Halpi	-
	C T Corporation System	m Hd	- Assistant Secretar	
	(Register	red agent's signatu		
	` - //	, -	•	
11. Attached is a	certificate of existence duly authenti	icated, not more th	an 90 days prior to delivery of the	his application to the

which it is incorporated.

Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FL019 - 9/2/99 CT System Online

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: See Attachment A	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: See Attachment A	
Address:	
	•
Vice President:	SECH .
Address:	AHÉT JU T
	SSR = C
Secretary:	
Address:	OR :
	<u> > o</u>
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13. Kanna (Marie of Chairman, Vice Chairman, or any officer listed	d in number 12 of the application)
14. Patricia A. Barry, Assistant Corporate Secretary	an admost 12 of the appropriate
(Typed or printed name and capacity of pe	erson signing application)

Attachment A Executive Benefit Services, Inc. Directors and Officers

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05-Jun-01		
Director		
Name, Title, and Date Elected		
Michael T. Daley	02/02/2001	
Chairman of the Board		
Michael G. Curran	02/02/2001	-
Gary Dorton	02/02/2001	
C. Robert Duncan	02/02/2001	
Daniel J. Houston	02/02/2001	
Blaine W. Laverick	02/02/2001	
Robert A. Slepicka	02/02/2001	
Officer		
Name, Title, and Date Elected		
Michael G. Curran	02/02/2001	•
President and Chief Executive Officer		
Joyce N. Hoffman	02/02/2001	
Senior Vice President and Corporate Secretary		
Blaine W. Laverick	02/02/2001	
Senior Vice President - Sales and Marketing		
Gary Dorton	02/02/2001	
Senior Vice President - Operations		و ما
Patricia A. Barry	02/02/2001	
Assistant Corporate Secretary Craig L. Bassett	P	· 경 💄
Treasurer	02/02/2001	
Robert A. Slepicka	00/00/0001	きュー
Relationship Officer	02/02/2001	70 . M
Corporation Address/Address for all Directors	and Officers	
		5 -
711 High Street, Des Moines, Iowa 50392	700	7.E 7.E 1. 20



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

EXECUTIVE BENEFIT SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of February, 1992, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

O1 JUL II PM I: 50
SECRETARY OF STATE
TALL AHASSEF FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of June, 2001.

Olaine I. Marshall

Secretary of State

Certification Number: 5597767-1 Page: 1 of 1

Ref.# 4619187

Verify this certificate online at www.secretary.state.nc.us/Verification.