

# State of Idaho

Office of the Secretary of State

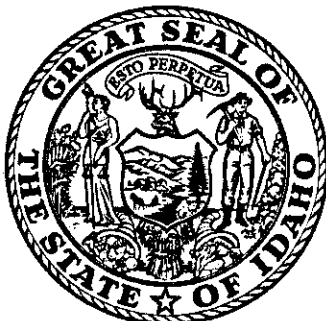
**CERTIFICATE OF AUTHORITY  
OF  
NATIONAL EMPLOYEE BENEFIT COMPANIES, INC.**

File Number C 177455

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 3, 2008



*Ben Yursa*

SECRETARY OF STATE

By

FILED EFFECTIVE



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

03 MAR 3 AM 11:19

SECRETARY OF STATE  
STATE OF IDAHO

The undersigned Corporation applies for a Certificate of Authority and states as follows:

1. The name of the corporation is:  
National Employee Benefit Companies, Inc.
2. The name which it shall use in Idaho is: \_\_\_\_\_
3. It is incorporated under the laws of: Rhode Island
4. Its date of incorporation is: 7-3-91
5. The address of its principal office is:  
16 International Way, Warwick, RI 02886
6. The address to which correspondence should be addressed, if different from item 5, is:  
Same as above.
7. The street address of its registered office in Idaho is: 1111 West Jefferson, Suite 530, Boise, ID 83702  
and its registered agent in Idaho at that address is: CT Corporation System
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>Samuel H. Fleet</u>	<u>President</u>	<u>16 International Way, Warwick, RI 02886</u>
<u>Angela N. Higbea</u>	<u>Secretary</u>	<u>4725 Piedmont Row Drive, Suite 600, Charlotte, NC 28210</u>
<u>Scott M. Purviance</u>	<u>Director</u>	<u>4725 Piedmont Row Drive, Suite 600, Charlotte, NC 28210</u>
<u>Michael S. DeCarlo</u>	<u>Director</u>	<u>4725 Piedmont Row Drive, Suite 600, Charlotte, NC 28210</u>
_____	_____	_____
_____	_____	_____

Dated: 2/14/08

Signature: \_\_\_\_\_

Typed Name: Samuel H. FleetCapacity: President  
(The signer must be a director or an officer of the corporation.)

Customer Acct # :

(If using pre-paid account)

Secretary of State use only

Application  
for Certificate of Authority, Profit  
and Non-Profit  
Filing Fee \$200.00

IDAHO SECRETARY OF STATE  
03/03/2008 05:00  
CX: 13087 CT: 20160 BH: 1102502  
1 @ 100.00 = 100.00 AUTH PRO # 2

C177455



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

**National Employee Benefit Companies, Inc.**

a Rhode Island corporation, filed articles of incorporation in this office on the 3<sup>rd</sup> day of July, 1991; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this fourth day of  
December, A.D. 2007.

*A. Ralph Mollis*

Secretary of State

By *William J. Antonicelli*

