

8/14/23, 4:58 PM

FO2-00003703

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM
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Phone : (954)208-0845
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**CORAMND/RESTATE/CORRECT ORO/D RESIGN
AMERIGROUP CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F02000003703

(Document number of corporation (if known))

1. AMERIGROUP CORPORATION

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 12/09/1994

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 07/27/2023

5. Wellpoint Corporation

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

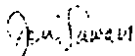
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove
_____	_____	_____	Add
_____	_____	_____	Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JORI SAWAN

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

FILING FEE \$35.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "AMERIGROUP CORPORATION", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "WELLPOINT CORPORATION" ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2023, AT 5:31 O'CLOCK P.M.



Jeffrey W. Bullock, Secretary of State

2459399 8320
SR# 20233230018

Authentication: 203948850
Date: 08-11-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT ELEVANCE HEALTH, INC. ("Company"), a Corporation incorporated under the laws of the state of Indiana and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint as attorneys-in-fact (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Company attached hereto as Exhibit A, for the limited purposes authorized herein

The Company and Subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to register the Company and Subsidiaries listed in the exhibit in any state, as directed and authorized by the Company, to withdraw dissolve, convert a subsidiary, change the name and qualify/register the converted or amended entity/subsidiary, to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office in any state, the District of Columbia, US Territories and Canada.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 10th day of October, 2022.

Elevance Health, Inc.
an Indiana Corporation

By: *Kathleen Kiefer*
Name: Kathleen S. Kiefer
Title: VP and Corporate Secretary

State of Indiana
County of Marion

On October 10, 2022 before me, the undersigned, a Notary Public in and for said State, personally appeared Kathleen S. Kiefer, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Jodi L. Fague
Notary Public

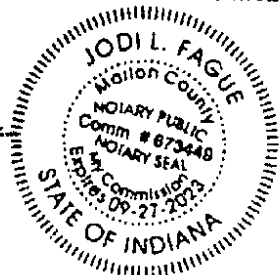


Exhibit A:

Amerigroup Iowa, Inc.
AMERIGROUP Ohio, Inc.
UniCare Life & Health Insurance Company
UNICARE Health Plan of West Virginia, Inc.
AMERIGROUP Texas, Inc.
AMERIGROUP New Jersey, Inc.
myNEXUS NY IPA, LLC
Amerigroup Pennsylvania, Inc.
AMERIGROUP Community Care of New Mexico, Inc. -
myNEXUS NPHO of Texas
Amerigroup IPA of New York, LLC
Amerigroup Mississippi, Inc.
AMERIGROUP Tennessee, Inc.
AMERIGROUP Corporation
AMERIGROUP Washington, Inc.