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FOREIGN PROFIT/NONPROFIT CORPORATION

Coventry Health Care National Accounts, Inc.

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3/27

**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. Coventry Health Care National Accounts, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Delaware 3. 20-8070994  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/16/2006 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6705 Rockledge Drive Bethesda, Maryland 20817  
(Principal office address)

6705 Rockledge Drive Bethesda, Maryland 20817  
(Current mailing address)

8. Managed care organization providing preferred provider and administrative services for national accounts.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.  
Office Address: 2731 Executive Park Dr., Ste 4  
Weston, Florida 33331  
(City) (Zip code)

10. Registered agent's acceptance:  
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

NRAI Services, Inc.  
B. Apul Brady  
(Registered agent's signature) B. Apul Brady, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached Rider

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See Attached Rider

Address:

Vice President:

Address:

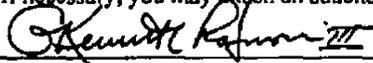
Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Director or Officer listed in number 12 of the application)

14. G. Kenneth Robinson, III, Assistant Treasurer  
(Typed or printed name and capacity of person signing application)

COVENTRY HEALTH CARE NATIONAL ACCOUNTS, INC.  
DIRECTOR / OFFICER ADDRESSES

Name	Position	Address	Bethesda	MD	20817
Thomas McDonough	Director	6705 Rockledge Drive	Bethesda	MD	20817
Shawn M. Guerin	Director	6705 Rockledge Drive	Bethesda	MD	20817
John Langenus	Director	6705 Rockledge Drive	Bethesda	MD	20817
Thomas McDonough	President	6705 Rockledge Drive	Bethesda	MD	20817
John Langenus	Vice President	6705 Rockledge Drive	Bethesda	MD	20817
Tricia Finger	Vice President	6705 Rockledge Drive	Bethesda	MD	20817
Michael Murphy	Vice President	6705 Rockledge Drive	Bethesda	MD	20817
Shawn Michael Guerin	Treasurer	6705 Rockledge Drive	Bethesda	MD	20817
Shirley Ann Roquemore Smith	Secretary	6705 Rockledge Drive	Bethesda	MD	20817
John Joseph Ruhmann	Corporate Controller	6705 Rockledge Drive	Bethesda	MD	20817
Jonathan D. Weinberg	Assistant Secretary	6705 Rockledge Drive	Bethesda	MD	20817
G. Kenneth Robinson, III	Assistant Treasurer	6705 Rockledge Drive	Bethesda	MD	20817

# Delaware

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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVENTRY HEALTH CARE NATIONAL ACCOUNTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MARCH, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVENTRY HEALTH CARE NATIONAL ACCOUNTS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF NOVEMBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

4252934 8300

070354923



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 5534183

DATE: 03-23-07