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#### FOREIGN PROFIT/NONPROFIT CORPORATION IHC SPECIALTY BENEFITS, INC.

Certificate of Status	0
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## 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.

HC Specialty Benefits, Inc.	
(Enter name of corporation; must include "INCORPORATI" "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")	D," "COMPANY," "CORPORATION,"
ine, co., corp, ine, co, or corp.	
(If name unavailable in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. Delaware	3. 45-4831831
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 03/16/2012	5. Perpetual
(Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification	
	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)
7. 8009 34th Ave. S., Suite 360, Bloomington, MN 5	5425
(Principal office	
8009 34th Ave. S., Suite 360, Bloomington, MN 5	5425
(Current mailing	address)
8. Insurance Producer	
(Purpose(s) of corporation authorized in home state of	r country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (	P.O. Box NOT acceptable)
Name: Corporation Service Company	P.O. Box NOT acceptable)  , Florida 32301 (Zip code)
Office Address: 1201 Hays Street	rig z
Tallahassee	, Florida 32301
(City)	(Zip code)
10. Registered agent's acceptance:	,
	rvice of process for the above stated corporation at the place ntment as registered agent and agree to act in this capacity. I
	relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my	
Corporation Service Company	
By: Wechelle R	Janney _
(Registered agent's signati	

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14. \_\_\_\_\_\_ Jeff C. Smedsrud, President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE FLOORE

IHC Specialty Benefits, Inc.

Officers and Directors List

Name: Jeff C. Smedsrud
Title: President and Director

Address: 8009 34th Avenue South, Suite 360, Bloomington, MN 55425

Name: Dave Keller

Title: Senior Vice President

Address: 8009 34th Avenue South, Suite 360, Bloomington, MN 55425

Name: Brian Dow

Title: Senior Vice President

Address: 8009 34th Avenue South, Suite 360, Bloomington, MN 55425

Name: Adam C. Vandervoort Title: Secretary and Director

Address: 485 Madison Avenue, New York, NY 10022

# Delaware

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SECRETARY OF STATE PAGE LEAHASSEE. FLORIDA

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IRC SPECIALTY BENEFITS, 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 SECOND DAY OF AUGUST,

A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IHC SPECIALTY BENEFITS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MARCH, A.D. 2012.

5125503 8300

120899577

AUTHENTY CATION: 9753823

DATE: 08-02-12

You may verify this certificate online at corp. delaware cov/authver shim?