

013 15 51 08 From: To: 3061763 (1/5
 Division of Corporations Page 1 of 1
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Florida Department of State
 Division of Corporations
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**FOREIGN PROFIT/NONPROFIT CORPORATION
 HEALTH MANAGEMENT CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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MD 9/20

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Health Management Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jami J. Meister

Name of Person

WellPoint, Inc.

Firm/Company

120 Monument Circle

Address

Indianapolis, IN 46204

City/State and Zip code

jami.meister@wellpoint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jami J. Meister

at (317) 488-6277

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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. Health Management Corporation

(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. Virginia 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1, 1983 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 120 Monument Circle, Indianapolis, IN 46204
(Principal office address)
120 Monument Circle, Indianapolis, IN 46204
(Current mailing address)

8. Health and Lifestyle Management Company
(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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. I 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.

CT Corporation System

By: Connie Bryan
(Registered agent's signature) Assistant 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.

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

A. DIRECTORS

Chairman: n/a

Address: _____

Vice Chairman: n/a

Address: _____

Director: Wayne S. DeVeydt

Address: 120 Monument Circle

Indianapolis, IN 46204

Director: Catherine I. Kelaghan

Address: 120 Monument Circle

Indianapolis, IN 46204

B. OFFICERS

President: n/a

Address: _____

Vice President: n/a

Address: _____

Secretary: Kathleen S. Kiefer

Address: 120 Monument Circle, Indianapolis, IN 46204

Treasurer: R. David Kretschmer

Address: 120 Monument Circle, Indianapolis, IN 46204

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

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Kathy S. Kiefer, Secretary

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

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TALLAHASSEE, FLORIDA

Commonwealth of Virginia



State Corporation Commission

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That HEALTH MANAGEMENT CORPORATION is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is June 1, 1983;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:
September 19, 2013*

Joel H. Peck
Joel H. Peck, Clerk of the Commission