

F21000004880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

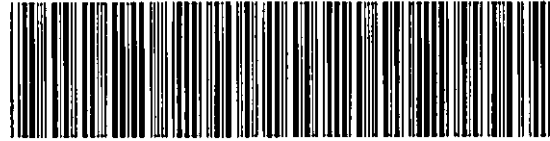
(Business Entity Name)

(Document Number)

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[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Cross and Blue Shield of Nebraska, Inc.
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:

Kory Nogosek

Name of Person

Blue Cross and Blue Shield of Nebraska, Inc.

Firm/Company

1919 Aksarben Drive

Address

Omaha, Nebraska 68180

City/State and Zip code

kory.nogosek@nebraskablue.com

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

For further information concerning this matter, please call:

Kory Nogosek at (701) 353-7544
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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**

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. Blue Cross and Blue Shield of Nebraska, 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. Nebraska 3. 47-0095156
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 12, 1939 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 9, 2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1919 Aksarben Drive, Omaha, NE 68180
(Principal office street address)

same
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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STATE OF FLORIDA

9. **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.

Nichol McCroy Nichol McCroy, Assistant Secretary
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: See attached list

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. *Arthur Twigg*
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. *Gretchen Twanig, Secretary*
 (Typed or printed name and capacity of person signing application)

c

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC. OFFICERS AND DIRECTORS LIST		
Name of Officer or Director	Title	Complete Mailing Address
Karen Aman	Chair	111 Admiral Drive Blair, NE 68008
Leslie Andersen	Vice Chair	12212 N. 156th St. Bennington, NE 68007
Chad Werner	Treasurer	1901 S 220th Ave. Elkhorn, NE 68022
Dan Ernst	Director	7400 S. 95th Court Lincoln, NE 68506
Anthony Goins	Director	3224 Sheridan Court Lincoln, NE 68506
John Jenkins	Director	702 N. 56th St. Omaha, NE 68132
John Mitchell III	Director	8901 Indian Hills Dr., #200 Omaha, NE 68114
Anthony Raimondo, Jr.	Director	4025 E. 23rd St. Columbus, NE 68602
Jeffrey Schumacher	Director	PO Box 83246 Lincoln, NE 68501
Steven W. Seline	Director	111 S 108th Ave. Omaha Ne 68154
Robert Synowicki	Director	17211 O St. Omaha, NE 68135
Steve Grandfield	Director, President & CEO	1919 Aksarben Dr. Omaha, NE 68180
Gretchen Twohig	Secretary	1919 Aksarben Dr. Omaha, NE 68180

STATE OF NEBRASKA

United States of America, | ss.
State of Nebraska |

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

BLUE CROSS AND BLUE SHIELD OF NEBRASKA, INC

**incorporated on January 12, 1939 and is duly incorporated under the law of
Nebraska;**

**that no occupation taxes due from and assessable against the Corporation are
unpaid and have become delinquent;**

**that no annual or biennial report required to be forwarded by the
Corporation to the Secretary of State has become delinquent;**

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

July 30, 2021

A handwritten signature in black ink, appearing to read "Robert B. Evnen".

Secretary of State