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T. Burch DEC 2 1 2009.

COVER LETTER

TO:

New Filing Section

Division of Corporations	
SUBJECT: Arkansas Blue Cross and Blue Name of corporation	e Shield, A Mutual Insurance Company on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stareferenced foreign corporation to transact business in	inding"and check are submitted to register the above
Please return all correspondence concerning this matte	er to the following:
Ms. Teri Champ	
Name of	f Person
Foley & Lardner, LLP	
Firm/Con	mpany
3000 K Street, N.W.	
Add	ress
Washington, D.C. 2007	
City/State	and Zip code
SLSmith3@arkbluecross.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Teri Champ at (202) 672-5389
	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 & \$87.50 Filing Fee, Certified Cop Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOR Arkansas B 1	REIGN CORPORATION TO TRANSACT B	utual Insurance Company	2009 DE
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	C 18 PH L
·	,	dopted for the purpose of transacting business in Florida	- -
2. Arkansas	3.	71-0226428	_
(State or country i	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12/3/48	5.	perpetual	_
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. N/A			
·	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
7. 601 Gaines	Street, Little Rock, Arkansas		_
	(Principal office addre	ess)	
P. O. Box	2181, Little Rock, Arkansas 72		_
	(Current mailing addre	ess)	
	y administrator for self-funder) of corporation authorized in home state or cou	d plans which provide coverage to cit intry to be carried out in state of Florida)	izens of Florida.
	t address of Florida registered agent: (P.O.		
Name:	C T Corporation System		
name;	C 1 COTPOTACION BYSCEM		
Office Address:	1200 South Pine Island Road	<u> </u>	
	Plantation	, Florida _ 33324	
	(City)	(Zip code)	
designated in this further agree to co	ed as registered agent and to accept servic application, I hereby accept the appointm	e of process for the above stated corporation at the ent as registered agent and agree to act in this capa lative to the proper and complete performance of m ition as registered agent.	icity. I
	See attached		

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.

(Registered agent's signature)

ACCEPTANCE OF APPOINTMENT

RE: Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: November 10, 2009

CT CORPORATION SYSTEM

Katherine Lackey,

Assistant Secretary

ORDERTARY OF CTAT

12. Names and business addresses of officers and/or directors: A. DIRECTORS See Attached List Chairman: ___ Address: Vice Chairman: Address: _____ Director: Address: Director: ___ B. OFFICERS See Attached List President: Address: _____ Vice President: Address: _____ Secretary: ___ Address: ___ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

Lee Douglass, Secretary

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

ARKANSAS BLUE CROSS AND BLUE SHIELD BOARD OF DIRECTORS

Carolyn Frazier Blakely, Ph.D. 1200 N. University, Mail Slot 4931 Pine Bluff, AR 71611

Susan Brittain P. O. Box 518 Malvern, AR 72104

Robert V. Brothers P. O. Box 809 Rogers, AR 72757-0809

Mark Greenway P. O. Box 777 Lowell, AR 72745

Bradley D. Jesson P. O. Box 10127 Fort Smith, AR 72917-0127

James V. Kelley P. O. Box 789 Tupelo, MS 38802-0789

Mahlon O. Maris, M.D. Box 1597 Harrison, AR 72602-1597

J. Thomas May P. O. Box 7009 Pine Bluff, AR 71611

Hayes C. McClerkin P. O. Box 3053 Texarkana, AR 75504

George K. Mitchell, M.D. (Vice Chairman) 1511 North Fillmore Little Rock, AR 72207

Dan Nabholz 2500 Brookfield Dr. Conway, AR 72032-4495 Marla Johnson Norris 401 West Capitol Suite 700 Little Rock, AR 72201

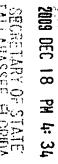
Ben Owens 225 E. Jackson Jonesboro, AR 72401

Robert L. Shoptaw (Chairman of the Board) P. O. Box 2181 Little Rock, AR 72203-2181

Patty Smith 6101 North State Line Texarkana, TX 75501

Sherman Tate 1 Allied Drive Little Rock, AR 72202

P. Mark White 71 Vigne Blvd. Little Rock, Arkansas



ARKANSAS BLUE CROSS AND BLUE SHIELD Officers

Robert L. Shoptaw, Chairman of the Board George K. Mitchell, M.D., Vice Chairman of the Board Mark White, Chief Executive Officer, President Mike Brown, Executive Vice President and Chief Operating Officer David Bridges, Executive Vice President, Internal Operations Ron DeBerry, Senior Vice President, Statewide Business Lee Douglass, Senior Vice President, Law and Government Relations, Chief Legal Officer, and Secretary Sam Partin, Senior Vice President, Actuarial and Risk Management and Corporate Actuary Joseph Smith, Senior Vice President, Chief Information Officer Steve Abell, Vice President, Alliance Management James Adamson, M.D., Vice President and Chief Medical Officer Richard Cooper, Vice President, Human Resources Bob Heard, Vice President, Information Technology Infrastructure Cal Kellogg, Senior Vice President, Chief Strategy Officer Karen Raley, Vice President, Communications and Product Development Steve Short, Senior Vice President, Chief Financial Officer Steve Spaulding, Vice President, Enterprise Networks Jim Bailey, Senior Vice President, National Business and Inter-plan Relations Gray Dillard, Vice President, Financial Services Toni Starks, Vice President, Arkansas Blue Cross Operations

IDO DEC 18 PH 4: 31 DECRETARY OF STATE: ALLAH4SSEF ELORIDA

All officers can be reached at the following address:

Arkansas Blue Cross and Blue Shield P. O. Box 2181 Little Rock, Arkansas 72203-2181



STATE OF ARKANSAS

State Insurance Department

CERTIFICATE OF COMPLIANCE

I, the undersigned Arkansas Insurance Commissioner, do hereby certify that ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INSURANCE COMPANY, duly organized under the laws of this State, is authorized to issue policies and transact the business of Disability as of September 30, 2009.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at City of Little Rock, Arkansas, this 24th day of November, 2009.

INSURANCE COMMISSIONER

DEPUTY COMMISSIONER