

Office Use Only



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COVER LETTER

| TO: New Filing Section | |
|--|---|
| Division of Corporations | |
| SUBJECT: Priority Health Insurance Company | |
| Name of corporation - must include suffix | Name of corporation - must include suffix by Foreign Corporation for Authorization to Transact Business in Florida," r "Certificate of Good Standing" and check are submitted to register the poration to transact business in Florida. ence concerning this matter to the following: Ville |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Bu "Certificate of Existence," or "Certificate of Good Standing" and check are submitte above referenced foreign corporation to transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| Ms. Christy Somerville | |
| | |
| Priority Health | |
| . Firm/Company | - |
| 1231 E Beltline NE, MS# 1340 | |
| Address | _ |
| Grand Rapids, MI 49525-7024 | |
| City/State and Zip code | , |
| Christy.Somerville@priorityhealth.com | |
| E-mail address: (to be used for future annual report notific | cation) |
| For further information concerning this matter, please call: | |
| Jeremy Brieve at (616) 464-8863 | |
| Name of Person Area Code & Daytime Telephone N | Number |
| | |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDR New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32301 | ations |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee \$\text{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.

| N/A | | | | | |
|----------------------------|--|-------------|--|--|-------------|
| (If name unavai | lable in Florida, enter alternate corporate na | ame | adopted for the purpose of transacting business is | n Florida) | |
| _{2.} Michigan | | 3. | 20-1529553 | | |
| | under the law of which it is incorporated) | • | (FEI number, if applicable) | | |
| 4. August 20, | | 5. | perpetual | | |
| (Dat | e of incorporation) | | (Duration: Year corp. will cease to exist or "pe | rpetual") | |
| 6. N/A | | | | | |
| | | | n Florida, if prior to registration) 102, F.S., to determine penalty liability) | | |
| _{7.} 1231 E Be | Itline NE, Grand Rapids, MI | 49 | 525 | | |
| | (Principal office | addı | ress) | | |
| 1231 E Be | eltline NE, Grand Rapids, N | / 11 | 49525 | | r |
| | (Current mailing | addı | ress) | | |
| _{8.} Please see A | ttachment A | | | | |
| | s) of corporation authorized in home state of | or co | untry to be carried out in state of Florida) | 100 TOTAL | = ; |
| 9. Name and stre | et address of Florida registered agent: (| (P.O | . Box NOT acceptable) | 4 613 1-1-1-1-1 1-1-1-1-1-1 | MAR |
| | Karen Asher-Cohen, Attor | ne | v | ا مارس المارس المارس | 1 |
| Name: | Radey Thomas Yon & Clark, P.A. | | · . | Service Comme | |
| Name: | | | | (2.) | \equiv |
| | 301 South Bronough Street, Suite 200 | | | | |
| | 301 South Bronough Street, Suite 200 Tallahassee | | , Florida 32301 | روسون در بالدر و در بالدر | |
| Name: Office Address: | 301 South Bronough Street, Suite 200 | | , Florida 32301 (Zip code) | Carrier Constitution of the Constitution of th | 1: 42 |

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)

12. Names and business addresses of officers and/or directors: A. DIRECTORS. Chairman: Kimberly K. Horn Address: 1231 E Beitline NE Grand Rapids, MI 49525 Vice Chairman: Gregory Hawkins Address: 1231 E Beltline NE Grand Rapids, MI 49525 Director: Michael Koziara Address: 1231 E Beltline NE Grand Rapids, MI 49525 Director: N/A Address: **B. OFFICERS** President: Kimberly K. Horn Address: 1231 E Beltline NE Grand Rapids, MI 49525 Vice President: Joan Budden (Chief Marketing Officer) Address: 1231 E Beltline NE Grand Rapids, MI 49525 Secretary: Kimberly Thomas Address: 1231 E Beltline NE, Grand Rapids, MI 49525 Treasurer: Gregory Hawkins Address: 1231 E Beltline NE, Grand Rapids, MI 49525 **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. Kimberly Thomas, Vice President & General Counsel



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

ATTACHMENT A:

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

Priority Health Insurance Company (PHIC) is licensed in Michigan to issue single-employer group health insurance policies to Michigan employers and wants to properly extend such coverage to Florida residents who are eligible employees of Michigan employers insured by PHIC. Consequently, PHIC intends to submit an informational "Life and Health" insurance filing to the Florida Office of Insurance Regulation (OIR) via the I-File system. A "Florida Company Code" (given to companies authorized to transact business in Florida) is required when using the I-File system. Therefore, PHIC seeks a certificate of authority to transact business in the state of Florida. PHIC does not intend to write or solicit insurance business in the state of Florida.



Effective Date: November 5, 2004

THIS IS TO CERTIFY, that

PRIORITY HEALTH INSURANCE COMPANY (Michigan stock insurer) NAIC No. 12208

is authorized in Michigan to transact the business of insurance, as defined in

Chapter 06 - Section 602 - Life & Annuities

Chapter 06 - Section 606 - Disability

of P.A. 218 of 1956 as amended, The Michigan Insurance Code, so long as the insurer continues to conform to the authority granted by this certificate, its corporate articles, the requirements of P.A. 218 of 1956 and all amendments to it and any limitations, conditions or other matters which have been agreed to from time to time between the insurer and the Commissioner.

This Certificate of Authority is granted subject to the laws of the state of Michigan and, as set forth in Sections 405 and 405a of the Michigan Insurance Code (MCL 500.405 and 500.405a), shall be:

AUTOMATICALLY REVOKED 90 DAYS AFTER A CHANGE OF CONTROL WHICH HAS NOT RECEIVED PRIOR APPROVAL OR 90 DAYS AFTER THE INSURER OR AN AFFILIATED INSURER IS MADE SUBJECT TO FORMAL DELINQUENCY PROCEEDINGS UNLESS THE INSURER REQUALIFIES FOR A CERTIFICATE OF AUTHORITY UNDER THE PROVISIONS OF THE MICHIGAN INSURANCE CODE.

COMMISSION ROLLY R

CERTIFIED COPY

February 08, 2011

Office of Financial & Insurance Regulation

