

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 FEB -2 AM 9:48

100308772691

DOCUMENT # F06000001546

1. Corporation Name

Mercy Health Plan Inc.

2. Principal Office Address - No P.O. Box #

One West Elm Street

Suite, Apt. #, etc.

Suite 100

City & State

Conshohocken

Zip

19428

Country

USA

3. Mailing Office Address

One West Elm Street

Suite, Apt. #, etc.

Suite 100

City & State

Conshohocken

Zip

19428

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1/9/2006

5. FEI Number

22-2483605

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Roxanne Turner

Asst. Vice President

Date

2/2/2018

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

See Attached Exhibit A

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Stuart Kilpinen	20555 Victor Parkway	Livonia, MI 48152
D	Edward D. McBride	830 Schuylkill Drive	Philadelphia, PA 19146
D	David Kotch	2929 Walnut Street	Philadelphia, PA 19104
D	Sister Christine McCann	515 Montgomery Avenue	Merion Station, PA 19066
D	Sarah Ellen Lenahan, EdD	444 Devereux Drive	Villanova, PA 19085
D	Peter J. Schied	1901 Terwood Road	Huntingdon Valley, PA 19006

E-mail Address: CMikus@mercyhealth.org

(To be used for future annual report notification)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

SIGNATURE:

Catherine Mikus

CATHERINE MIKUS

610-567-6809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

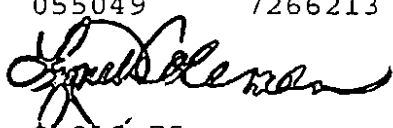
Daytime Phone

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 055049 7266213

AUTHORIZATION :



COST LIMIT : \$ 918.75

ORDER DATE : February 1, 2018

ORDER TIME : 1:48 PM

ORDER NO. : 055049-005

CUSTOMER NO: 7266213

REINSTATEMENT

NAME: MERCY HEALTH PLAN INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

RECEIVED
2018 FEB -2 PM 4:29
TALLAHASSEE, FLORIDA