2.	المرابع المرابع
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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS, FORM.

10/2

CORPORATION	
REINSTATEMEN	1



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 AM 10: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT	# 855655
1. Corporation Name	8.0000

PRUDENTIAL HEALTH CARE PLAN, INC.

P30	00046856 -11/16/0101	<u> </u>
<b>7</b> 0	-11/16/0101	.U/UUU3 
	****750.00	**** (50.60

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Principal Office Address     GREENWAY PLAZA		3. Mailing Office Address 151 FARMINGTON AVENUE		C)CIAI	PEINSTATEMENT MI				
			Suite, Apt. #, et	tr —		—   MENDIAIENENI <u>///</u>			
Suite, Apt. #, etc.		W101		4. Date Inco	4. Date Incorporated or Qualified To Do Business in Florida 10/20/1975				
City & State	ie .		City & State				1773	A	
•	TON, TX		HARTFOR	₹D, CT	<b>5.</b> FEI Numb 74-18443	ier 35	}	Applied For Not Applicable	
Zip		Country	Zip	Country	6.		\$8.75 Add	ditional Fee required	
77046-0	0301 U.	.S.	06156	U.S.	CERTIFICAT	TE OF STATUS DESIRED	for a Co	ertificate of Status	
	Τ		7. Nan	ne and Address of Currer	nt Registered Agent				
	Name	ORATION							
			No. Agantable)			<del>2000/458</del>	<del>35,5,</del> 9	<del>23 </del> 2	
	Street Address (P.O. Box Number is Not Acceptable)  -11/16/0101070004  1200 SOUTH PINE ISLAND  ****150.00 *****150.00								
	Suite, Apt. #,	Etc.				*****!	<del>- UU *</del>	****!00.00	
			<u> </u>						
	City PLANTA	TAIN	_			State Zip Code			
		"	-	:		1 - 1		<del></del>	
8. I, being	appointed the re	firstelled agent of the ac	jove named corporat	tion, am familiar with and ac	cept the obligations of section	, coco.,110 to coco.,100 no	7° /	/ - 1	
Signature	M/_/w	L-V	weeta.	1 May	ccept the obligations of secti	A Date 10/	29/0	ソ	
Registered	d Agent		REGISTERED AGE	NT MUST SIGN	ANT S				
9. Names	and Street Addre	esses of Each Officer a	nd/or Director (Florid	da nonprotit corporations mu	ccept the obligations of section of the control of	TAMPY	-		
Titles		Name of Officers and/or Directo		Street Address of Each Officer and/or Director		City / State / Zip			
PR	CHARLES	TIMOTHY BRO	wn	2777 STEMMONS F	WY.	DALLAS,	TX	75207	
D	JOHN JAM			11675 GREAT OAK	S WAY	ALPHARETTA,	GA	30022	
ř	1	00 1. 222							
VP	BLAKE WA	ALKER MARTIN	Į.	151 FARMINGTON	AVENUE	HARTFORD,	CT	06156	
т	DAVID CII	ADI EC CMVV		OSU IUI I A BUSU		BLUE BELL	PA	19422	

10. 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. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(I), F.S. The information indicated on this application is the and accurate, and my signature shall have the same legal effect as if made under oath.

980 JOLLY ROAD

SIGNATURE:

GREGORY STEPHEN MARTINO

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/6

<u> 560-452-249</u>

PA

19422

06156

Date

BLUE BELL

HARTFORD

Daytime Phone #

20/2

## PRUDENTIAL HEALTH CARE PLAN, INC.

### **DIRECTORS**

Joseph Tyler Blanford III

Charles Timothy Brown

Nathan Hoyt Joseph Daniel Eudaly II

#### **OFFICERS**

President Charles Timothy Brown

Vice President and Secretary Gregory Stephen Martino

Chief Actuary James Armstrong Geyer

Vice President and Treasurer David Charles Smyk

Vice President and Assistant Secretary William Ira Kramer

Vice President Blake Walker Martin

Controller and Assistant Secretary John Michael Barkley

Assistant Secretary Eric Lawrence Settle

Assistant Secretary James Paul Wolf

Assistant Secretary Lawrence Grant Orkins

Assistant Secretary Debra Lisa Weger

Assistant Secretary William James Casazza

Assistant Secretary Paige Lee Falasco

Assistant Secretary Janet Sue Mann

Senior Investment Officer Paul Jeremiah Selian