Folimen (Vince) (1) 00005458

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

W.P. Verifier

9**00003409679--**3 -03/23/00--01050--025 *****70.00 ******70.00

900003409679----09/29/00--01050--026 CORPORATION(S) NAME *******8.75 ******8.75 HealthMarket Insurance Agency Inc. () Merger () Amendment (x) Profit () Nonprofit () Mark () Dissolution/Withdrawal (x) Foreign () Reinstatement () Other () Annual Report () Limited Partnership () Name Registration () Change of RA () LLC () Fictitious Name () UCC (x) CUS () Certified Copy () Photocopies () After 4:30 () Call If Problem () Call When Ready (x) Pick Up () Will Wait (x) Walk In () Mail Out 09/29/00 Order#: Name Availability Document Ref#: Examiner Updater Verifier Amount:\$ Acknowledgement

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. HealthMarket | Insurance Agency Inc. | | * | | |
|---|--|--|--|--|---------------------|
| words or abbrev | oration; must include the word "Invitations of like import in language or partnership if not so contained | e as will clearly indicat | e that it is a corporation inst | ON" or ead of a | |
| 2. Delaware | · | 3 | 06-1593688 (FEI number, if app | | _ |
| (State or country | under the law of which it is inco | orporated) | (FEI number, if app | licable) | |
| 4. 08/04/2000 | | 5. Perpetual | | , | _ |
| (Dar | te of incorporation) | (Durātion: \ | ear corp. will cease to exist | tor "perpetual") | |
| 6. | VIA | - | | F.C. | |
| (Date firs | t transacted business in Florida.) | (SEE SECTIONS 607. | 1501, 607.1502 and 817.15 | 5, F.S.) | T |
| 7. 59 Danbury Road, Wilton, CT 06897 | | | | <u>\$</u> \$ | |
| | , | | | 7 7 | _ 🖰 |
| | (Ситеп | t mailing address) | | \$ T | - |
| Insurance Ager | acy. | | | 要用は | |
| (Purpose | (s) of corporation authorized in h | ome state or country to | be carried out in state of Flo | orida) | - · · · · · |
| O Name and str | reet address of Florida regis | tered agent: (P.O. I | Sox or Mail Drop Box NO | OT acceptable) | |
| y. Name and so | | (-101) | | | |
| Name: | C T Corporation System | | ng y . | | • |
| Office Address: | 1200 South Pine Island Road | <u>.</u> | origina gari ya kiri indaa dha say isti | - - - | |
| | Plantation | | Florida, 33324 (Zip code) | · , | |
| | | | (Zip code) | | |
| 10. Registered | agent's acceptance: | | | | |
| Having been nam this application, I with the provision the obligations of | ed as registered agent and to accident hereby accept the appointment is of all statutes relative to the primy position as registered agent. By: **Thorquet E** (Reginal Agent Company of the primy position as registered agent.) | as registered agent and roper and complete per C T Corporation Syste | d agree to act in this capaci formance of my duties, and MARGARE Special A | ty. I further agree to out I am familiar with an ITE. ROUTZAHN assistant Secretary | comply ad accept |
| 11. Attached is a | certificate of existence duly author | enticated, not more that | 190 days prior to delivery o | f 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.

^{12.} Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) FLO19 - CT Filing Manager Online

| A. DIRI | CTORS (Street address only - P.O. Box NOT acceptable) | | | |
|-----------------------|--|-------------|---------------------------------------|-------------------------------|
| | 7: John Danaher | - | | |
| Address: | 59 Danbury Road | | | |
| | Wilton, CT 06897 | | <u> </u> | ·- : |
| Direct | | | | • 1 2 2 2 2 |
| Addr e ss: | 59 Danbury Road | | · · · · · · · · · · · · · · · · · · · | |
| | Wilton, CT 06897 | | | |
| Director: | Richard Bierman | | | |
| Address: | 59 Danbury Road | | | |
| | Wilton, CT 06297 | A COR | n | . <u> </u> |
| Director: | John Pagano | | 8 F | · - |
| Address: | 59 Danbury Road | SEEC | | J |
| - 1444 | Wilton, CT 06897 | Tors | | |
| B. OFF | ICERS (Street address only - P.O. Box NOT acceptable) | - BA | 5 | a |
| President | John Danaher | | | |
| Address: | 59 Danbury Road | | | |
| | Wilton, CT 06897 | | | |
| Vice Pres | ident: Gregory Morris | | /// | To The Suite of |
| Address: | 59 Danbury Road | | | |
| riddiws. | Wilton, CT 06897 | _ | | and the second |
| Secretary: | | | | . 1: <u>-} -= -</u> |
| • | 59 Danbury Road | - 22, 21 | · · · · · · | 1 |
| Address: | Wilton, CT 06897 | | · | · · · · · |
| | Tohn Dagger | | | 1.1 1.111. <u></u> |
| Treasurer: | | <u> </u> | | the end of the |
| Address: | 59 Danbury Road | | <u> </u> | |
| | Wilton, CT 06897 | e e toda | . <u> </u> | |
| NOTE: | SEE ATTACHMENT If necessary you may attach an addendum to the application listing additional officers and/or direct | tors. | | |
| 13 | Chichard Obierman | | <u> </u> | · ii. e e |
| | (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application | on) | | |
| 14 | RICHARD BIERMAN - DIRECTOR + SECRETARY | | | |

Officers & Directors

1. Full Name:
Officer/Director:
Officer's Title:
Director's Title:
Business Address:

City: State: ZIP Code:

Full Name:
 Officer/Director:
 Officer's Title:
 Business Address:

City: State: ZIP Code:

3. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code:

4. Full Name:
Officer/Director:
Officer's Title:
Business Address:

City: State: ZIP Code: John Danaher Officer, Director President Chairman 59 Danbury Road

Wilton CT 06897

Gregory Morris Officer, Director Vice President 59 Danbury Road

Wilton CT 06897

John Pagano Officer, Director Treasurer 59 Danbury Road

Wilton CT 06897

Richard Bierman Officer, Director Secretary

59 Danbury Road Wilton

CT 06897 OO SEP 29 PH 1: 4:
SECRETARISEE, FLORIDE

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTHMARKET INSURANCE AGENCY INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY

OF SEPTEMBER, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

OO SEP 29 PM 1: 43
SECRETARY OF STATE

Edward J. Freel, Secretary of State

AUTHENTICATION: 0696515

3269757 8300

001483585

DATE: 09-26-00