

F02000003484

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mid America Health Network, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

100005892661--8
-06/20/02--01075--008
*****78.75, *****78.75

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Giele
(Name of Person)

Mid America Health Network, Inc.
(Firm/Company)

8320 Ward Parkway
(Address)

Kansas City, Missouri 64114
(City/State and Zip code)

FILED
02 JUL -8 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Giele at (816) 460-4648
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

F02-3484
JR

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 21, 2002

JOHN GIELE
8320 WARD PARKWAY
KANSAS CITY, MI 64114

SUBJECT: MID AMERICA HEALTH NETWORK, INC.
Ref. Number: W02000018136

We have received your document for MID AMERICA HEALTH NETWORK, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Department of Insurance can not serve as your registered agent the Department of Insurance is only for insurance companies. Please designate a new agent.,

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 202A00040190

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL -8 PM 4: 57

FILED



MID AMERICA HEALTHSM

CERTIFIED MAIL

July 1, 2002

Registration Section
Division of Corporations
Attn: Tammi Cline
409 E. Gaines Street
Tallahassee, FL 32399

Re: Subject: **Mid America Health Network, Inc.**
Ref. Number: **W02000018136**

Dear Ms. Cline:

Thank you for your letter dated June 21, 2002. After receiving your letter, I contacted your office and clarified with the person I spoke with that we are seeking registration with your office in order to perform certain insurance functions as a Third Party Administrator in Florida. Therefore, with that clarification, the person I spoke with indicated that we would be able to list the Florida Department of Insurance as our Registered Agent. In fact, we are required to do so under the insurance laws of your state.

I have enclosed the other document you requested, signed by an officer of our company, and would ask that you reconsider our application. Please do not hesitate to contact me if you have any further questions or concerns.

Sincerely,

John C. Giele
Compliance and Legal Affairs

Enc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL -9 PM 4:57

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mid America Health Network, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Giele
(Name of Person)

Mid America Health Network, Inc.
(Firm/Company)

8320 Ward Parkway
(Address)

Kansas City, Missouri 64114
(City/State and Zip code)

For further information concerning this matter, please call:

John Giele at (816) 460-4648
(Name of Person) (Area Code & Daytime Telephone Number)

02 JUL -8 PM 4:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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 & 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.

1. Mid America Health Network, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Missouri 3. 43-1687358
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 24, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 8320 Ward Parkway, Kansas City, Missouri 64114
(Principal office address)

8320 Ward Parkway, Kansas City, Missouri 64114
(Current mailing address)

8. Insurance - Third Party Administrator
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Florida Department of Insurance

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399-0300
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JUL - 8 PM 4:58
FILED

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address:

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director: N/A

Address:

B. OFFICERS

President: C.E.O George A. Pagels, M.D.

Address: 8320 Ward Parkway, Kansas City, Missouri 64114

~~Vice President~~ Chief Financial Officer Joseph P. Stasi

Address: 8320 Ward Parkway, Kansas City, Missouri 64114

~~Secretary~~ Chief Medical Officer William H. Downham, M.D.

Address: 8320 Ward Parkway, Kansas City, Missouri 64114

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Joseph P. Stasi Chief Financial Officer

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUL - 8 PM 4:53

FILED

No. 00400106

STATE OF MISSOURI



Matt Blunt
Secretary of State

CORPORATION DIVISION

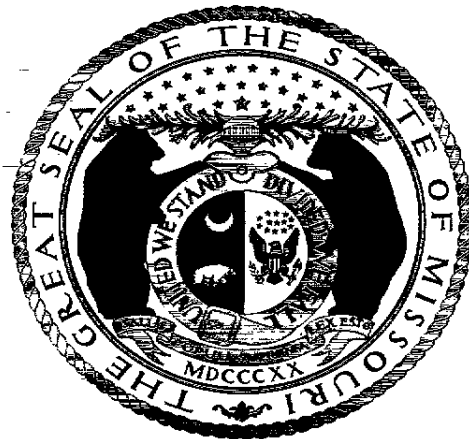
CERTIFICATE OF CORPORATE GOOD STANDING

I, MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

MID-AMERICA HEALTH NETWORK, INC.

was incorporated under the laws of this State on the 24th day of AUGUST, 1994, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 5th day of JUNE, 2002.



Matt Blunt

Secretary of State