F02000005913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500008937145

11/18/02--01011--002 **78.75

per ann - add April 2002 to line 6 JB 11-27-02

W02-31812

02 NOV 26 AM 11:05

11-27-02

WELLPOINT
PHARMACY MANAGEMENT®

8407 Fallbrook Avenue, AF-13
West Hills, CA 91304

November 4, 2002 VIA OVERNIGHT MAIL

Florida Secretary of State
Division of Corporations
Registration Section
409 East Gaines Street
Tallassee, Florida 32399

Subject: FOREIGN CORPORATION AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Dear Sir or Madam:

Professional Claim Services, Inc., dba WellPoint Pharmacy Management is requesting a charter to do business in the State of Florida. The following documents are being submitted for your consideration.

- Application By Foreign Corporation for Authorization to Transact Business in Florida
- Current Certificate of Existence $78.75 CC

Please contact me if you have any questions, my phone number is (818) 313-5370. Please send all correspondence regarding this request to the address below.

Sincerely,

W02-31812

Ann Hill
Pharmacy Operations Specialist
WellPoint Pharmacy Management

AH: Enclosures

FILED
02 NOV 25 AM 11:15

Please mail all correspondence regarding this application to:
Ann Hill
C/O WellPoint Pharmacy Management
8407 Fallbrook Avenue AF-13
West Hills, CA 91304

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 19, 2002

ANN HILL
WELLPOINT PHARMACY MANAGEMENT
8407 FALLBROOK AVE., AF-13
WEST HILLS, CA 91304

SUBJECT: PROFESSIONAL CLAIM SERVICES, INC.
Ref. Number: W02000031812

We have received your document for PROFESSIONAL CLAIM SERVICES, 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):

When you mailed in your check, you did not return the first page of the document. Please complete the enclosed page and return it for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 802A00062413

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

November 6, 2002

ANN HILL
WELLPOINT PHARMACY MANAGEMENT
8407 FALLBROOK AVE., AF-13
WEST HILLS, CA 91304

SUBJECT: PROFESSIONAL CLAIM SERVICES, INC.
Ref. Number: W02000031812

We have received your document for PROFESSIONAL CLAIM SERVICES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $70.00.

CORPORATIONS BASIC FEES

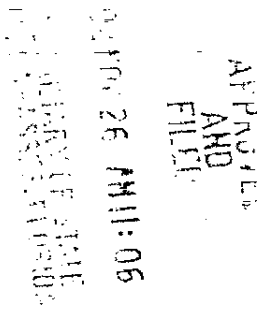
Profit and NonProfit
Florida & Foreign Corp.

Filing Fees	$35.00
Registered Agent Designation	$35.00
Certifed Copy	$8.75

Certified Copy of any record $8.75
plus a $1 per pageover 8 pages not to exceed $52.50

Reinstatement
Profit corp. $600.00
Non Profit Corps. $175.00
Annual Report/Uniform Business Report $61.25
plus Supplemental Fee of $88.75 (profits only)

Articles of Correction	$35.00
Revocation of Dissolution	$35.00
Dissolution & Withdrawal	$35.00
Amendment of any record	$35.00
Certificate of Status	$ 8.75
Foreign Name Registration	$87.50
Foreign Name Renewal	$87.50
Merger	$35.00 for each party



Substitute Service of process (Chapter 48)	$8.75
Registered Agent Change	$35.00
Registered Agent Resignations	
Active Corporations	$87.50
Inactive Corporations	$35.00
Resignation of Officer/Director	$35.00
Trade & Service Marks	$87.50 per class
Trade & Service Marks Renewals	$87.50 per class
Trade & Service Mark Assignments	$50.00

The total amount due is $70.00.

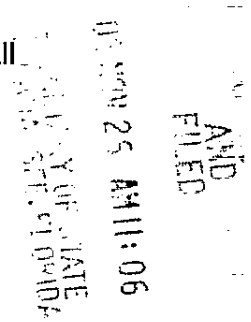
The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of $1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 502A00060636



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. Professional Claim Services, 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. New York
(State or country under the law of which it is incorporated)

3. 16-1279199
(FEI number, if applicable)

4. 04.30.1986
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. April 2002
(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. 4553 La Tienda, Thousand Oaks, CA 91362
(Principal office address)

8407 Fallbrook Avenue, West Hills, CA 91304
(Current mailing address)

8. Pharmacy Benefit Management
(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: C T CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD

PLANTATION (City), Florida 33324 (Zip code)

FILED
02 APR 26 AM 11:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUTHORIZED AND 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.

DAVID I. FARBER
ASSISTANT SECRETARY
(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: Leonard D. Schaeffer

Address: 4553 La Tienda, Thousand Oaks, CA 91362

Vice Chairman: _____

Address: _____

Director: Joan E. Herman

Address: 4553 La Tienda, Thousand Oaks, CA 91362

Director: David C. Colby

Address: 4553 La Tienda, Thousand Oaks, CA 91362

B. OFFICERS

President: Joan E. Herman

Address: 4553 La Tienda, Thousand Oaks, CA 91362

Assistant Secretary: Robert A. Kelly

Address: 4553 La Tienda, Thousand Oaks, CA 91362

Secretary: Thomas C. Geiser

Address: 4553 La Tienda, Thousand Oaks, CA 91362

Treasurer: Kenneth C. Zurek

Address: 4553 La Tienda, Thousand Oaks, CA 91362

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. Joan E. Herman, President & CEO

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

State of New York
Department of State

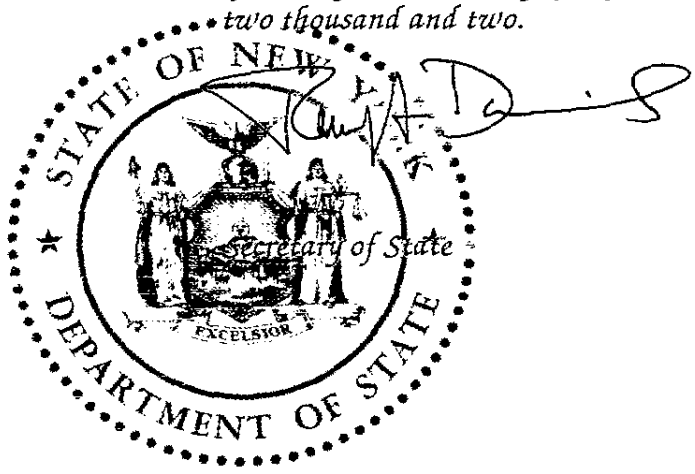
ss:

I hereby certify, that the Certificate of Incorporation of PROFESSIONAL CLAIM SERVICES, INC. was filed on 04/30/1986, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

The Biennial Statement is past due.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 13th day of September two thousand and two.



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