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SECRETARY OF STATE



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 897978-5027854

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 17, 2003

ORDER TIME : 10:05 AM

ORDER NO. : 897978-040

CUSTOMER NO: 5027854

CUSTOMER: Ms. Leslie Hagg
Mutual Of Omaha Insurance
Mutual Of Omaha Plaza
3301 Dodge Street
Omaha, NE 68175

FOREIGN FILINGS

NAME: INGENIUM BENEFITS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 1156

EXAMINER: _____

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TALLAHASSEE, FLORIDA

**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. INGENIUM BENEFITS, 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. Nebraska 3. 13-4227219
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 11, 2002 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.)
Mutual of Omaha Plaza
7. Omaha, NE 68175
(Principal office address)

(Current mailing address)
8. To Conduct third party administration and related activities. To engage
~~any act or activity for which corporations may be organized~~
(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: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company

By: [Signature]
(Registered agent's signature)

Assistant Vice President

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Daniel P. Neary*

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

14. Daniel Paul Neary, President

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

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OFFICERS/DIRECTORS RIDER

Application for Certificate of Authority

INGENTUM BENEFITS, INC.

List of Officers

Name: Daniel Paul Neary **Title:** President
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: Neal Arthur Crowley **Title:** Secretary
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: James Todd Blackledge **Title:** Treasurer
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

List of Directors

Name: James Todd Blackledge
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: Neal Arthur Crowley
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: Daniel Paul Neary
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: Madeline R. Rucker
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

Name: Michael C. Weekly
Bus. Addr.: c/o Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175

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TALLAHASSEE, FLORIDA

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STATE OF

NEBRASKA

United States of America,
State of Nebraska } ss.



Department of State
Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

INGENIUM BENEFITS, INC.

was duly incorporated under the laws of this state on December 11, 2002 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

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TALLAHASSEE, FLORIDA

In Testimony Whereof,

I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on January 21, in the
year of our Lord, two thousand
three.

John A. Gale
SECRETARY OF STATE

