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ACCOUNT NO. : 072100000032

REFERENCE : 423300 4329169

AUTHORIZATION :

COST LIMIT : \$ 87.50

ORDER DATE : February 3, 2004

ORDER TIME : 10:23 AM

ORDER NO. : 423300-005

CUSTOMER NO: 4329169

CUSTOMER: Ms. Tina L. Koseck

Foley & Lardner

Suite 2800

321 N. Clark Street Chicago, IL 60610

FOREIGN FILINGS

NAME: HEALTH CARE SERVICE

CORPORATION

XXXX OUALIFICATION (TYPE: IN)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

__ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 2956

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRAN **BUSINESS IN FLORIDA**

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STA REGISTER A FOREIGN CORPORATION TO TRANSACT BU | USINESS IN THE STATE OF FLORIDA. |
|--|---|
| 1. Health Care Service Corporation, a Mutual L (Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.") | eqal Reserve Company "COMPANY," "CORPORATION," |
| (If name unavailable in Florida, enter alternate corporate name ac | dopted for the purpose of transacting business in Florida) |
| 2. Illinois | 36-1236610 |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) |
| 4. <u>10/1/1936</u> 5. P | Perpetual |
| | (Duration: Year corp. will cease to exist or "perpetual") |
| 6 Thomas County State and the County State and County Sta | en e |
| 6. Upon Qualification (Date first transacted business in Florida. If corporation has not tr (SEE SECTIONS 607.1501, 6 | |
| 7.300 East Randolph, Chicago, Illinois 60601 (Principal office address | |
| (Frincipal office addres | ss) |
| 300 East Randolph, Chicago, Illinois 60601 | A CONTRACT OF THE PROPERTY OF |
| (Current mailing address | SS) |
| 8. SEE EXHIBIT A ATTACHED HERETO AND MADE A PAI | RT HEREOF. |
| (Purpose(s) of corporation authorized in home state or cour | ntry 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 | <u> </u> |
| Office Address: 1201 Hays Street | <u> </u> |
| Tallahassee | , Florida 32301 |
| (City) | (Zip code) |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service designated in this application, I hereby accept the appointmen further agree to comply with the provisions of all statutes rela and I am familiar with and accept the obligations of my posit | nt as registered agent and agree to act in this capacity. I tive to the proper and complete performance of my duties, |

Corporation Service Company

Cynthia L. Harris as its 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: SEE EXHIBIT | B ATTACHED HERI | eto and mai | DE A PART | HERE | OF | ·· <u> </u> | | **** | . 4. |
|---|-----------------------|------------------|-----------------------|------------------------|-------------------|---------------------------------------|-------------|--------------------|---------------------------------------|
| Address: | | | | . 1 | | <u> 4 - 31 - 1925 - 1</u> | | 1 24.7 | · |
| , , , , , , , , , , , , , , , , , , , | | | | , | | <u></u> | · · · | <u>-ai-≠</u> | *** ***** ± |
| Vice Chairman: | | <u> </u> | | <u></u> | | · | <u> </u> | <u></u> ' | |
| Address: | | | | <u> </u> | 2 W. BAIR 44 | <u> </u> | , , , | | √√ · · · · · · · · · · · · · · · · |
| | | <u></u> - | | | | | <u> </u> | : | <u>.</u> |
| Director: | | <u> </u> | **** | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u></u> . | · · · · · · · · · · · · · · · · · · · |
| Address: | | <u></u> | <u> </u> | | <u> </u> | · · · · · · · · · · · · · · · · · · · | <u></u> | <u>- j''</u> , | nee in See in See in See in |
| | | | | · | | · | · · · · · · | | in the state of |
| Director: | | | 2.13 | <u> </u> | _ - | | <u> </u> | , layander | -32 |
| Address: | <u> </u> | 41. | | · · · · <u>a</u> · · · | | | <u>,</u> , | · : ==== . | - 11 |
| | · | | | | | | | | |
| President: SEE EXHIBI | | | | | | | | | |
| | <u> </u> | | | | <u> </u> | ريك ها دراد | | +1 - | |
| Vice President: | - | | | | | | | | 1 . <u></u> : : |
| Address: | | | | | | | | | |
| | <u> </u> | · *** | <u> </u> | | <u> </u> | <u> </u> | | · | + |
| Secretary: | | <u></u> | | <u> , , ,</u> | | <u> </u> | | <u></u> . = | !` e- <u></u> |
| Address: | <u> </u> | Se ^{rr} | and the second second | 34 • • | <u> </u> | <u></u> | •4. | <u>· · · -</u> · - | , ÷ ;;; + + |
| Treasurer: | | | · | | The second second | <u> </u> | د می | -;: | - - |
| Address: | | | <u> </u> | | <u> </u> | | * v 38 | <u>. a T</u> a r | - |
| NOTE: If necessary, you 13. (Signature | may attach an adden | rul | | | | rs and/or dir | ectors. | <u></u> . | • 14 7. 44 . |
| 14. Hugo Tagli, Jr., | | | | | | ecretary | | | ر د د در د جور |
| (T | Typed or printed name | e and capacity | of person si | igning a | application) | | | | |

EXHIBIT A

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

8. The object for which the Corporation is founded is to do all things necessary, proper or convenient for the purpose of promoting, establishing, maintaining and operating a non-profit health care service plan as authorized by the laws of the State of Illinois for the provision of the types of benefits authorized in Section 5/4 of chapter 215 of the Illinois Compiled Statutes (Class 1, Clause b). The Corporation will continue to provide health care and related services to subscribers or members by health care contracts or policies and may make provision for the payment for such health care services directly to hospitals or other agencies or institutions or natural persons rendering such health care service or related services or may make direct payment to the member or subscriber. The Corporation will also engage in programs directed toward favorably affecting cost, quality and accessibility of health care.

EXHIBIT B

HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY

Item 12: Names and Business Addresses of officers and directors

Directors

Juliann S. Bluitt, D.D.S.

Lee E. Bray Timothy Burke Milton Carroll

Robert T. Clark

James R. Corrigan William H. Dailey Tieman H. Dippel, Jr. Maria Elena A. Flood Jack A. Griggs, Ph.D. Raymond F. McCaskey

Earl J. Oliver

Alejandra Mercedes Perez-Tamayo

Marlin Ray Perryman Kenneth J. Rudnick James W. Wagner

Executive Officers/Position

Raymond F. McCaskey

Ray A. Angeli

Gail K. Boudreaux Denise A. Bujak

Tara D. Gurber

Patricia A. Hemingway Hall

Patrick E. Moroney

Larry J. Newsom

D E . O. . .

Patrick F. O'Connor Hugo Tagli, Jr.

Elizabeth Watrin

Sherman M. Wolff

President & CEO

Senior Vice President

Subscriber Services Division President, Illinois Division

Senior Vice President and Chief Financial Officer

Senior Vice President

Compliance &Internal Audit

President, Texas Division

Senior Vice President and Chief Information Officer

Senior Vice President, HCSC

CEO, Life Subsidiaries

Senior Vice President and Chief Human Resources Officer

Senior Vice President, Chief Legal Officer and Secretary

President, New Mexico Division

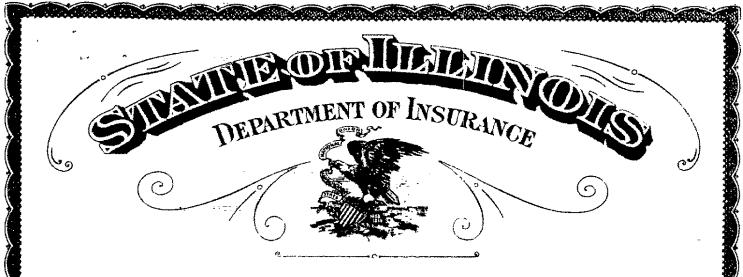
Executive Vice President and Chief Operating Officer

Address |

Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph

Chicago, Illinois 60601



WHEREAS, the HEALTH CARE SERVICE CORPORATION, A Mutual Legal Reserve Company located at CHICAGO in the State of ILLINOIS was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the said Company is authorized to transact its appropriate business as set forth under Clause(s) (b) Accident & Health of Class 1 of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.



Certificate of Compliance - Domestic Companies IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 4th day of February, 2004.

J. Anthony Clark
Director