

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAY -5 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004465

1. Corporation Name

Principal Health Insurance Company

2. Principal Office Address - No P.O. Box #

711 High Street

Suite, Apt. #, etc.

City & State

Des Moines, IA

Zip 50392-0306

Country US

3. Mailing Office Address

711 High Street

Suite, Apt. #, etc.

City & State

Des Moines, IA

Zip 50392-0306

Country US

REINSTATEMENT 05-08⁴⁵

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/2/2004

5. FEI Number

34-1022982

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the public duties of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Joyce L. Markley
REGISTERED AGENT MUST SIGN

Joyce L. Markley
as its agent

Date

5/5/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	-See Attachment A--		700128535147

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joyce L. Markley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

515-247-5111

Daytime Phone #

Attachment A

Principal Health Insurance Company

Entity Address and Addresses for all Directors and Officers

711 High Street
Des Moines, Iowa 50392-0306

Directors

John E. Aschenbrenner
Michael H. Gersie
Gregory A. Linde
Deanna D. Strable-Soethout

Officers

Title

Deanna D. Strable-Soethout	President
Karen E. Shaff	Executive Vice President/General Counsel
Gregory B. Elming	Senior Vice President/Controller
Joyce N. Hoffman	Senior Vice President/Corporate Secretary
Ellen Z. Lamale	Senior Vice President/Chief Actuary
Julia M. Lawler	Senior Vice President/Chief Investment Officer
Mary A. O'Keefe	Senior Vice President/Chief Marketing Officer
Craig L. Bassett	Vice President/Treasurer
Lillian I. Chen	Vice President Tax
Bradley G. Jensen	Vice President/Chief Finance Officer
Gregory A. Linde	Vice President
Merle T. Pederson	Vice President - Government Relations
John D. Schmidt	Vice President/Associate General Counsel
Martha C. Shepard	Vice President/General Auditor
David Neve	Second Vice President/Corporate Actuary
Patricia R. Van Thomme	Second Vice President - Sourcing/Supplier
Patricia A. Barry	Counsel/Assistant Corporate Secretary
Jan C. Becker	Assistant Director - Sourcing
Michael Cumings	Counsel
Brent Fritz	Vice President/Actuary
Neal Halder	Director - Underwriting
Jim M. Harrison	Counsel
Deanna L. Mankle	Assistant Treasurer
Richard L. Pullen	Assistant Financial Controller - Corporate Tax
Jennifer Richards	Director - Underwriting
Mary Damerson Stuart	Medical Director
Dan L. Westholm	Director - Treasury



CORPORATION SERVICE COMPANY

RECEIVED

08 MAY -5 PM 12:40

ACCOUNT NO. : 072100000032
REFERENCE : 555620
AUTHORIZATION :
COST LIMIT : \$ 1200.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
7480315

ORDER DATE : May 2, 2008

ORDER TIME : 11:55 AM

ORDER NO. : 555620-005

CUSTOMER NO: 7480315

REINSTATEMENT

NAME: PRINCIPAL HEALTH INSURANCE
COMPANY

FILE FIRST

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS _____