

F04 00000 6805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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04 NOV 18 AM 11:29  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK



November 17, 2004

**VIA UPS EXPRESS**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: HealthAllies, Inc.

Dear Sir or Madam:

Enclosed for filing on behalf of HealthAllies, Inc., please find the following documents:

- Transmittal letter;
- Application for Authorization to Transact Business;
- Letter of Good Standing; and
- Check number 02683422 in the amount of \$78.75 for the requisite filing fees.

Should you have any questions with regard to the foregoing, please feel free to contact me at 860/702-9588 or via email at [keri.lean\\_meddaugh@uhc.com](mailto:keri.lean_meddaugh@uhc.com).

Sincerely,

A handwritten signature in cursive script that reads 'Keri Meddaugh'.

Keri Meddaugh

RECEIVED BY DEPT. OF  
DIVISION OF CORPORATIONS  
04 NOV 18 AM 11:29

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HealthAllies, 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:

Keri Meddaugh

(Name of Person)

HealthAllies, Inc.

(Firm/Company)

450 Columbus Blvd., CT030-15NB

(Address)

Hartford, CT 06103

(City/State and Zip code)

For further information concerning this matter, please call:

Keri Meddaugh

(Name of Person)

at (860 ) 702-9588

(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

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

04 NOV 18 AM 11:29  
DIVISION OF CORPORATIONS

**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. HealthAllies, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 95-4763349  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/27/99 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. October 3, 2003  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 400 N. Brand Blvd., Suite 950 Glendale, CA. 91203  
(Principal office address)
- 450 Columbus Blvd., CT030-15NB, Hartford, CT 06103  
(Current mailing address)
8. Sells health and well-being discount programs and delivers web-based tools.  
(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 NOT acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
- Plantation, Florida 33324  
(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.*

By

C T Corporation System

(Registered agent's signature)

**SALVINA AMENTA-GRAY  
SPECIAL ASSISTANT SECRETARY**

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: Tracy Bahl

Address: 450 Columbus Blvd., Hartford, CT 06103

Director: Craig Anderson

Address: 450 Columbus Blvd., Hartford, CT 06103

**B. OFFICERS**

President: William L. Pelfrey

Address: 9900 Bren Road East, Minnetonka, MN 55343

Vice President: Marcee Golden

Address: 400 North Brand Blvd., Suite 950 Glendale, CA 91203

Secretary: Eric Russman

Address: 450 Columbus Blvd., CT030-15NB, Hartford, CT 06103

Treasurer: Craig Anderson

Address: 450 Columbus Blvd., CT030-15NB, Hartford, CT 06103

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

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. \_\_\_\_\_

Eric A. Russman, Secretary

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

04 NOV 18 AM 11:29  
DIVISION OF CORPORATE AFFAIRS  
STATE OF CONNECTICUT

HealthAllies, Inc.  
Officer and Director Listing

Office	Name	Street	City	State and Zip
President	William Pelfrey	9900 Bren Road East	Minnetonka	MN 55343
CEO	Andrew Slavitt	9900 Bren Road East	Minnetonka	MN 55343
Sr. V.P.	Catherine Cather	400 N. Brand Blvd	Glendale	CA 91203
V.P.	Marcee Golden	400 N. Brand Blvd.	Glendale	CA 91203
V.P.	Thomas Sullivan	6300 Olson Memorial Hwy.	Golden Valley	MN 55427
V.P.	John Kelly	9900 Bren Road East	Minnetonka	MN 55343
Treasurer	Craig Charles Anderson	450 Columbus Blvd.	Hartford	CT 06103
Secretary	Eric Russman	450 Columbus Blvd.	Hartford	CT 06103
Asst. Secretary	Thomas McGuire	450 Columbus Blvd.	Hartford	CT 06103
Asst. Secretary	David Lubben	9900 Bren Road East	Minnetonka	MN 55343
Director	Craig Anderson	450 Columbus Blvd.	Hartford	CT 06103
Director	Andrew Slavitt	9900 Bren Road East	Minnetonka	MN 55343
Director	Tracy Bahl	1114 Avenue of the Americas	New York	NY 10036

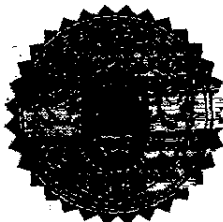
FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTHALLIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF NOVEMBER, A.D. 2004.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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040821679

AUTHENTICATION: 3477659

DATE: 11-15-04