F04000007281

(Red	questor's Name)	
(Add	iress)	
(Add	fress)	
(City	//State/Zip/Phone	→ #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dad	cument Number)	
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2004 DEC 20 AM 7: 53
SECRETARY OF STATE
SECRETARY SEE, FLORID

12 人名英格兰意西斯特 (1829)。 新新型机构

TRANSMITTAL LETTER

TO:	Registration : Division of C				
SUBJ	ECT:	Plans' Liability Ins	surance Company		
		(Name of corpora	ation - must include suffix)	•
Dear S	ir or Madam:				
"Certif		ration by Foreign Corporation and check are submitted lorida.			
Please	return all corre	espondence concerning this ma	tter to the following:		
		Susan	Lee		_
		(Name	e of Person)		
_		Plans' Liability	Insurance Company	7	
			Company)		-
		676 North St. Cl	air Street		
		·	ddress)		-
		Chicago IL 60611	-2997		
		(City/Sta	te and Zip code)		•
		, , , -			
For fur	ther informatio	on concerning this matter, pleas	e call:		
		-			
	Susan Lee	at (3	<u>12) 95</u> 1-7842	TAI S	3
	(Name of Per	rson) (Are	ea Code & Daytime Telep	hone Number)	<u>.</u>
				hone Number) hone Number)	7
				SSI SSI)
	STREET AD	_	MAILING A	ADDRESS:	<u>.</u>
	Registration S Division of C		Registration		ξ.
	409 E. Gaines		Division of C P.O. Box 633	orporations SE	
	Tallahassee, F		Tallahassee,		2
Englas			,		
Fuciose	eu is a check ic	or the following amount:			
\$70.	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status Certified Copy	&

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.		lans' Liability Insurance			
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")				
	1110., CO., C	51p, me, co, or corp.)			
	(If name unavaila	able in Florida, enter alternate corporate	name adoj	oted for the purpose of transacting b	business in Florida)
2	•	Ohio	2	36-3503382	
	(State or country	under the law of which it is incorporated	<u></u>	(FEI number, if application	able)
4.		3/26/86	5.	Perpetual	
•	(Date	of incorporation)	(D	uration: Year corp. will cease to ex	kist or "perpetual")
6.		N	/Δ		
		(Date first transacted busi	iness in Flo	orida, if prior to registration)	
				F.S., to determine penalty liability))
7.	676 <u>Nor</u>	th St. Clair Street; Chica			
		(Principal offic	e address)		
	same_as	above			
		(Current mailir	ig address)		
_	Insuran	ce			•
გ.	(Purpose(s	of corporation authorized in home state	e or countr	v to be carried out in state of Floric	
					TAL TAL
9.	Name and stree	et address of Florida registered agent:	: (P.O. Bo	ox <u>NOT</u> acceptable)	2004 DEC 20 SECRETARY TALLAHASS
	Name:	CT Corporation System		_	E. C.
		1200 South Pine Island 1	Road	_	55.50
0	ffice Address:	Plantation FL 33324		-	EE C
				, Florida	FLO T
		(City)		(Zip code)	24 J
				, , ,	On ω
		gent's acceptance:			
H_1	aving been nam wignated in this	ed as registered agent and to accept application, I hereby accept the app	service o	f process for the above stated co	orporation at the place
fu	rther agree to co	omply with the provisions of all state	utes relati	ive to the proper and complete i	o aci in inis cupacity. To performance of mv dutie
ar	ıd I am familiar	with and accept the obligations of n	ny positio	n as registered agent.	renger manage by my annue.
		()and	11-1-	a Jamas M. Hain	
			100/	Ageistant Secretor	![[] !
		(Registered agent s sign	ature)	James M. Halp Accident Secretar	,
11	. Attached is a c	certificate of existence duly authentic			

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: Raymond F. McCaskey
Address: Blue Cross Blue Shield of Illinois
Vice Chairman: N/A
Address:
Director: Ronald F. King
Address:
Director: Raymond F. McCaskey; President, Blue Cross Blue Shield of Illinois
Address:
B. OFFICERS
President: Daniel P. Ryan
Address: Plans' Liability Insurance Company; 676 North St. Clair Street; Chicago IL 60611
Vice President: David P. Behnke
Address: Plans' Liability Insurance Company; 676 North St. Clair Street; Chicago IL 60611
Secretary: Michael T. Westermeyer
Address: Plans' Liability Insurance Company; 676 North St. Clair Street; Chicago, IL 60611
Treasurer: <u>David P. Behnke</u> .
Address: See above
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jandia (Charling)
(Signature of Director or Officer listed in number 12.0) the application) Sandra K. Strutz; Assistant Secretary
(Typed or printed name and capacity of person signing application)

PLANS' LIABILITY INSURANCE COMPANY

Additional Officers

Chairman of the Board

Raymond F. McCaskey

Blue Cross Blue Shield of Illinois

300 East Randolph Street Chicago IL 60601-5099

Sr. Vice President

Gerald M. Wawrzaszek

Plans' Liability Insurance Company

676 North St. Clair Street Chicago IL 60611-2997

Vice President

William Cole

Plans Liability Insurance Company

676 North St. Clair Street Chicago IL 60611-2997

Assistant Secretary

Sandra K. Strutz

Plans' Liability Insurance Company

676 North St. Clair Street Chicago IL 60611-2997

Additional Directors

James M. Mead President & CEO Capital Blue Cross 2500 Elmerton Avenue Harrisburg PA 17110

G. Phillip Pope President Blue Cross Blue Shield Of Alabama 450 Riverchase Parkway East Birmingham AL 35244 2004 DEC 20 AM 7: 53
SECRETARY OF STATE

United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PLANS' LIABILITY INSURANCE COMPANY, an Ohio corporation, Charter No. 677461, having its principal location in Worthington, County of Franklin, was incorporated on May 15, 1986 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of November, A.D. 2004

Ohio Secretary of State

Validation Number: V2004316N33B0C