

F0500000 3276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700054895327

05/27/05--01022--024 **70.00

SECRETARY OF STATE
CALIFORNIA

MAY 27 PM 2:56

FILED

F05-3276
al

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SilverScript Insurance Company

(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:

Denise Sommer

(Name of Person)

SilverScript Insurance Company

(Firm/Company)

211 Commerce Street, Suite 800

(Address)

Nashville, TN 37201

(City/State and Zip code)

For further information concerning this matter, please call:

Kevin Doherty

(Name of Person)

at (615) 760-7114

(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

2005 MAY 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

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

**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. SilverScript Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Caremark SilverScript Insurance Company
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 20-2833904
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. May 11, 2005 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 211 Commerce Street, Suite 800, Nashville, Tennessee 37201
(Principal office address)

211 Commerce Street, Suite 800, Nashville, Tennessee 37201
(Current mailing address)
8. For profit health insurance company.
(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)

Upon approval of the Department of Insurance's acceptance of SilverScript Insurance Company's
Application for Certificate of Authority, we will qualify to transact business in the state and will
appoint a registered agent for service of process.

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.*

(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:

2005 MAY 27 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

A. DIRECTORS

Chairman: James Christian Luthin

Address: 2211 Sanders Road, Northbrook, Illinois 60062

Vice Chairman: Richard P. Scardina

Address: 2211 Sanders Road, Northbrook, Illinois 60062

Director: Denise Ceule Sommer

Address: 211 Commerce Street, Nashville, Tennessee 37201

Director: _____

Address: _____

B. OFFICERS

President: Todd Ryan Rooker

Address: 9501 Ease Shea Boulevard, Scottsdale, Arizona 85255

Vice President: Brian James Januzik

Address: 9501 Ease Shea Boulevard, Scottsdale, Arizona 85255

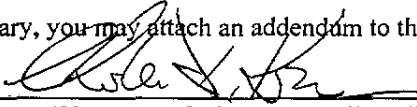
Secretary: Charles Dominique Krause

Address: 2211 Sanders Road, Northbrook, Illinois 60062

Treasurer: Charles Dominique Krause

Address: 2211 Sanders Road, Northbrook, Illinois 60062

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. CHARLES D. KRAUSE
(Typed or printed name and capacity of person signing application)

FILED
2005 MAY 27 PM 2:56
SECRETARY OF STATE
TALLMASSSET FLD AND

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 05/23/2005
REQUEST NUMBER: 05143121
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 05/11/2005
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0493615
JURISDICTION: TENNESSEE

TO:
GREENEBAUM DOLL & MCDONALD
700 TWO AMERICAN
NASHVILLE, TN 37203

REQUESTED BY:
GREENEBAUM DOLL & MCDONALD
700 TWO AMERICAN
NASHVILLE, TN 37203

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"SILVERSCRIPT INSURANCE COMPANY"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF
INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/23/05

FROM:
GREENEBAUM DOLL & MCDONALD (NASHVILLE)
700 TWO AMERICAN CTR
3102 WEST END AVE
NASHVILLE, TN 37203-1304

RECEIVED:	FEES	
	\$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00003738043
ACCOUNT NUMBER: 00263797



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE