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TALLAHASSEE FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARE WITHOUT COVERAGE, INC.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

PAUL LORENTZ

(Name of Person)

CARE WITHOUT COVERAGE, INC.

(Firm/Company)

7702 WOODLAND DR., SUITE 200

(Address)

INDIANAPOLIS, IN 46278

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL LORENTZ

(Name of Person)

at ( 800 ) 837-1205

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

January 18, 2006

PAUL LORENTZ  
7702 WOODLAND DRIVE  
SUITE 200  
INDIANAPOLIS, IN 46278

SUBJECT: CARE WITHOUT COVERAGE, INC.  
Ref. Number: W06000002357

We have received your document for CARE WITHOUT COVERAGE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 806A00003473

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. CARE WITHOUT COVERAGE, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. INDIANA 3. 20-3261490  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/11/05 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 7702 WOODLAND DR. SUITE 200 INDIANAPOLIS, IN 46278  
(Principal office address)

7702 WOODLAND DR. SUITE 200 INDIANAPOLIS, IN 46278  
(Current mailing address)

8. (SEE ATTACHMENT A)  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. 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.*

Robert S. Lane  
(Registered agent's signature)

**Robert S. Lane**  
**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.

See Attachment C

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STATE

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman:

(SEE ATTACHMENT D)

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.

*Paul E. Lorentz*

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

PAUL E. LORENTZ, TREASURER

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

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JULIA A. WILSON  
TALLAHASSEE, FLORIDA

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A

Care Without Coverage, Inc.  
c/o Richard Marra, Jr.  
7702 Woodland Drive, Suite 200  
Indianapolis, Indiana 46278

Federal EIN: 20-3261490

Exhibit to Form 1023  
Part IV  
Part VI, Item 1  
Part IX, Item 15

### EXHIBIT C

#### Activities and Operations

Care Without Coverage, Inc. (the "Corporation"), is an Indiana nonprofit corporation created to undertake charitable activities described in Sections 170(c)(2)(B) and 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"). The Corporation was formed primarily to help provide access to health care to individuals who are uninsured or whose health care needs fall outside the parameters of their insurance policies – either through policy exclusions or because they have exhausted the coverage limits afforded to them. Consistent with its mission to aid the distressed, the Corporation also has undertaken temporary relief efforts for victims of Hurricane Katrina. The Corporation is soliciting funds it will use to purchase food, clothing, medical care, and other basic necessities for those devastated by Hurricane Katrina.

The Corporation's primary long-term activity will be the solicitation of donated products and services from health care providers, medical device manufacturers, pharmaceutical companies, and others, for financially distressed individuals with little or no insurance coverage for such products and services. The Corporation also plans to solicit funds from private foundations and the general public to enable the Corporation to purchase needed medical devices and other health care services on behalf of individuals in need. None of the Corporation's funds will be given or used for purposes other than those described in Code sections 170(c)(2)(B) and 501(c)(3).

The Corporation will select individuals to receive medical goods and services based on objective and nondiscriminatory criteria. The Corporation's charitable services will be available to any member of the general public, regardless of whether the potential recipient is an insured of Benicorp Insurance Company ("Benicorp") or any of Benicorp's affiliated companies. In some instances, the Corporation will arrange for such selected individuals to receive goods and services donated directly by medical providers. In other instances, the Corporation may pay medical providers for needed goods and services and then donate such goods and services to the selected individuals.

The Corporation has just begun selecting individuals to receive medical goods and services, so it does not currently have applications or written selection procedures available. However, the Corporation expects that its selection process will include the following components:

- Application Form. All individuals seeking the Corporation's assistance will be required to complete an application that will require the individual to demonstrate, with substantiating documents, the existence of a medical condition, the full treatment of which is not covered by any applicable insurance policy, and the applicant's need for financial assistance in order to obtain the treatment.
- Independent Selection Committee and Objective Criteria. An independent selection committee (the "Committee"), composed of individuals comprising or appointed by the Corporation's Board of Directors, will review all applications and will select recipients based on objective, nondiscriminatory criteria, such as:
  - the severity of the applicant's medical condition and the extent to which the applicant may alleviate that condition with existing income and/or assets;
  - the existence and amount of insurance coverage and other benefits received by the applicant or the applicant's spouse (such as Welfare, Social Security, unemployment, workers' compensation);
  - the extent of the applicant's liabilities and other factors that may diminish the applicant's ability to use assets, income, or benefits to alleviate the medical condition;
  - the existence of reasonable and less expensive alternatives to the specific relief sought by the applicant; and
  - the existence of and level of prior or current assistance the applicant has received or is receiving from the Corporation or from any other source.

The Committee will not grant any preference to potential recipients of charitable services based on such potential recipients' status as insureds of Benicorp or any of its affiliated companies.

- Adherence to Conflict of Interest Policy. The Corporation and Committee will follow the Corporation's conflict of interest policy throughout the selection process.

- Documentation Requirements. Finally, the Corporation and Committee will be required to maintain records that substantiate the Committee's operations and decisions and that demonstrate adherence to the Corporation's selection procedures, such as copies of applications, minutes of the Committee's proceedings, and correspondence with applicants communicating the Committee's determinations.

The foregoing oversight procedures will ensure that the Corporation's assistance is provided exclusively to further the Corporation's exempt purposes.



B

Care Without Coverage, Inc. is a charitable, not-for-profit web-based organization based out of Indianapolis, IN. With its presence on the Internet, there will be no formal fundraising or solicitation. This, in turn, means that there will be no need to maintain a relationship with an agent outside of the state of Indiana. The treasurer of COWC, Paul Lorentz, will be held accountable for all funds received and distributed under the Care Without Coverage name. Attached is a printout of the current website and its links, although the structure of the website itself is subject to change without notice while maintaining the current purpose.

State of Indiana  
Office of the Secretary of State

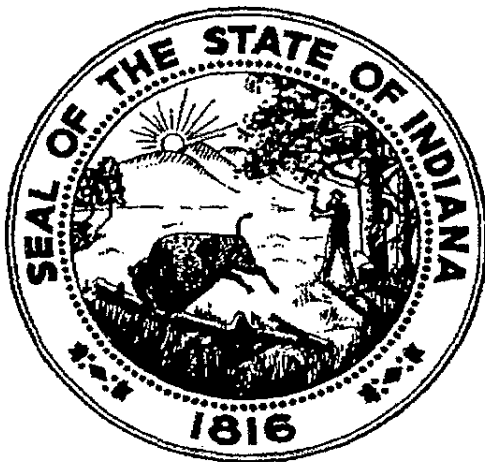
CERTIFICATE OF INCORPORATION  
of  
CARE WITHOUT COVERAGE, INC.

Certified: A true copy  
KE M. L.  
Attorney-in-fact  
12/2/2005

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

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NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, July 11, 2005.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 11, 2005.

*Todd Rokita*

TODD ROKITA,  
SECRETARY OF STATE

2005071300312 / 2005071390034

(D)

Care Without Coverage, Inc  
Listing of Corporate Officers and Directors

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone</u>
Jean M. Barry	Chair	7702 Woodland Drive Suite 200 Indianapolis, IN 46278	(800) 837-1205
E. Kevin Hart	Chief Executive Officer/Director	7702 Woodland Drive Suite 200 Indianapolis, IN 46278	(800) 837-1205
Richard Marra, Jr.	President/Chief Operating Officer/Director	7702 Woodland Drive Suite 200 Indianapolis, IN 46278	(800) 837-1205
Steven L. Lange	Secretary/Director	7702 Woodland Drive Suite 200 Indianapolis, IN 46278	(800) 837-1205
Paul Lorentz	Treasurer	7702 Woodland Drive Suite 200 Indianapolis, IN 46278	(800) 837-1205

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