

F06000003241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

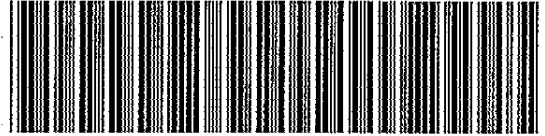
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/06--01070--012 **87.50

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06 MAY -3 PM 1:30
TALLAHASSEE, FLORIDA

J. Shivers MAY 04 2006



26 Harbor Park Drive
Port Washington, NY 11050

tel: 800.251.3883
fax: 516.605.6985
www.nmhc.com

Total Healthcare Solutions

Via UPS

May 1, 2006

Division of Corporations
New Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301-5020

Re: Application by Foreign Corporation for Authorization to Transact Business in
Florida for NMHC Group Solutions Insurance, Inc.

Dear Sir or Madam:

Enclosed is the Application by Foreign Corporation for Authorization to Transact
Business in Florida for NMHC Group Solutions Insurance, Inc., an original Certificate of
Incorporation issued by the Secretary of Delaware and a check in the amount of \$87.50.

Please process the application on an expedited basis as we are required to submit this
documentation to the Florida Department of Insurance in connection with our Application as a
Prescription Drug Plan Sponsor under Medicare Part D. If you have any questions, do not
hesitate to contact me.

Thank you.

Very truly yours,

Angel Rella
Manager, Contracts & Licensing

Enclosures

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: NMHC Group Solutions Insurance, 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:

Angel Rella
(Name of Person)
National Medical Health Card Systems, Inc.
(Firm/Company)
26 Harbor Park Drive
(Address)
Port Washington, NY 11050
(City/State and Zip code)

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For further information concerning this matter, please call:

Angel Rella at (516) 605-6763
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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
+ 8.75 (1 additional certificate of status)
\$87.50

**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. NMHC Group Solutions Insurance, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"nc.," "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. 74-3166208
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/2/06 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. registering prior to transacting business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 103 Foulk Road, Suite 202, Wilmington, DE 19803
(Principal office address)

same as #7
(Current mailing address)

8. PDP Sponsor in connection with Medicare Part D
(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

5/1/2006

(Registered agent's signature) Maureen Cullen, Asst VP

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.

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

A. DIRECTORS

Director
Chairman: James F. Smith

Address: 26 Harbor Park Drive
Port Washington, NY 11050

Vice Chairman: _____

Address: _____

Director: Stuart Diamond

Address: 26 Harbor Park Drive
Port Washington, NY 11050

Director: Jonathan Friedman

Address: 26 Harbor Park Drive
Port Washington, NY 11050

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B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

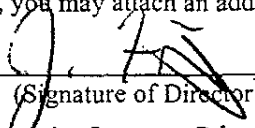
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Jonathan Friedman, Director
(Typed or printed name and capacity of person signing application)

Delaware

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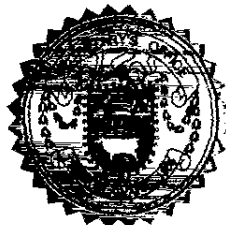
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "NMHC GROUP SOLUTIONS INSURANCE, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF MARCH, A.D. 2006, AT 10:22 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION.



4118271 8100H

060214128

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4566561

DATE: 03-03-06