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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: The Health Exchange, Inc.	poration - must include suffix)
(**************************************	por anion vine a
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	or Authorization to Transact Business in Florida," to register the above referenced foreign corporation
Please return all correspondence concerning this m	eatter to the following:
Scott Siemers	
· . · (Nan	ne of Person)
The Health Exchange, Inc.	
	n/Company)
2000 Booksmook Barbura	
2800 Rockcreek Parkway (	Address)
	, and the second
North Kansas City, MO 64117 (City/Sta	te and Zip code)
(3.1)/3.11	
For firsther information or any in their southern all and	
For further information concerning this matter, pleas	e caii:
Scott Siemona	16 221 1024
Scott Siemers at 8 (Name of Person)	16-221-1024 (Area Code & Daytime - Felephone · Number)
·	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	1 dildild\$566, FL 32514
Enclosed is a check for the following amount:	
X \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Statu	

## 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,	The Health Exchange, Inc.			
	(Enter name of corporation; must include "INCORPORATED," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	SECR TALL/	2000
			HASS HASS	100
	(If name unavailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting busines	ss in Florida	_ <b>∠</b> a) ∃
2.	Missouri (State or country under the law of which it is incorporated)	3. 20-3562626 (FEI number, if applicable)	ORIDA	ب 2—
4.	09/30/2005 (Date of incorporation)	5. Perpetual (Duration: Year corp. will cease to exist or "	nerpetual*'	<del>.                                    </del>
6.	(Date of incorporation)	(Dalation: Your corp. Will doubt to exact of	po.po.aa. )	,
Ο.	(Date first transacted business (SEE SECTIONS 607.1501 & 607.15			
7.	2800 Rockcreek Parkway, North Kansas Cit	zy, MO 64117		
	(Principal o	ffice address)		
	2800 Rockcreek Parkway, North Kansas Cit			
	(Current ma	iling address)		
8.	Third-party administrative services and solutions	to healthcare benefits plan sector		
	(Purpose(s) of corporation authorized in home state o	r country to be carried out in state of Florida)		
9.	Name and <u>street address</u> of Florida registered agent: (P.	O. Box NOT acceptable)		
	Name: CT Corporation System	<del></del>		
<u>~</u>	ffice Address: 1200 South Pine Island Road			
-				
	Plantation (City)	, Florida <u>33324</u> (Zip code)		
Hav des furt	Registered agent's acceptance:  ing been named as registered agent and to accept service of  ignated in this application, I hereby accept the appointment  ther agree to comply with the provisions of all statutes relat  I am familiar with and accept the obligations of my position	t as registered agent and agree to act in this cap tive to the proper and complete performance of	pacity. I	
	See Attached page (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:

A. DIRECTORS	7. S
Chairman:See attached list	2006 A Sechi Alla
Address:	AUG AHAS
	SEE. 37
Vice Chairman:	FLOR
	TE NDA
Address:	
Director:	
Address:	
•	•
Director:	
Address:	·
B. OFFICERS	
President:See attached list	
	-
Address:	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	r directors.
13. aut ser	
(Signature of Director or Officer listed in number 12 of the application)	
14. Scott Siemers, Treasurer  (Typed or printed name and capacity of person signing application)	
( Alexa or Emission and cabacity at Eastern difficult abbugging)	

#### THE HEALTH EXCHANGE, INC. OFFICERS

Name	Title	Address
Bill D. Wing	President	2800 Rockcreek Parkway Kansas City, MO 64117
Marc G. Naughton /	Vice President & Assistant Treasurer	2800 Rockcreek Parkway Kansas City, MO 64117
Randy D. Sims	Vice President & Secretary	2800 Rockcreek Parkway Kansas City, MO 64117
Marc E. Elkins	Assistant Secretary	2800 Rockcreek Parkway Kansas City, MO 64117
Scott Siemers	Treasurer	2800 Rockcreek Parkway Kansas City, MO 64117

FILED

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SECRETARY OF STATE
TALLAMASSEE FLORING

## THE HEALTH EXCHANGE, INC. DIRECTORS

Name Name	Address
Marc G. Naughton	2800 Rockcreek Parkway Kansas City, MO 64117
Randy D. Sims	2800 Rockcreek Parkway Kansas City, MO 64117

2006 AUG 15 PN 3: 03 SECRETARY OF STATE

#### ACCEPTANCE OF APPOINTMENT

RE:

The Health Exchange, Inc.

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: August 7, 2006

C T CORPORATION SYSTEM

Assistant Secretary

Jonathan L. Miles,

## STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

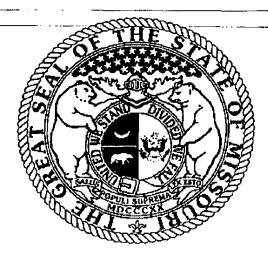
I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

> THE HEALTH EXCHANGE, INC. 00688739

was created under the laws of this State on the 30th day of September, 2005, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 4th day of August, 2006

Secretary of State



Certification Number: 8941481-1 Reference:

Verify this certificate online at http://www.sos.mo.gov/businessentity/verification