F07000023809

(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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TALLAHASSEE, FLORIDA

American
Medical Security
from PacifiCare

July 23, 2007

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

Re: Application by Foreign Corporation for Authorization to Transact Business in Florida for UnitedHealthOne Agency, Inc.

Dear Sir or Madam:

Enclosed please find the Cover Letter, an original and one copy of the Application by Foreign Corporation for Authorization to Transact Business in Florida along with a a Certificate of Existence and a check in the amount of $87.50 for the appropriate filing fee for UnitedHealthOne Agency, Inc.

Please forward the Certificate of Authority to the following address:

American Medical Security
Attention: Dan Mulvey
3100 AMS Boulevard
Green Bay, WI 54313

Should you have any questions in regard to this matter, please do not hesitate to contact me.

Sincerely,

Daniel Mulvey
Licensing Coordinator
(800) 232-5432 Ext. 11209

Enclosures

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UnitedHealthOne Agency, 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:

Dan Mulvey
(Name of Person)

American Medical Security
(Firm/Company)

3100 AMS Boulevard
(Address)

Green Bay, WI 54313
(City/State and Zip code)

For further information concerning this matter, please call:

Dan Mulvey at (800) 232-5432 Ext. 11209
(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

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. UnitedHealthOne Agency, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana
(State or country under the law of which it is incorporated)

3. 37-0920164
(FEI number, if applicable)

4. May 11, 1970
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

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

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TALLAHASSEE, FLORIDA

7. 7440 Woodland Drive, Indianapolis, IN 46278
(Principal office address)

7440 Woodland Drive, Indianapolis, IN 46278
(Current mailing address)

8. The sale and marketing of insurance and discount medical products.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

Michele Miller
Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Richard A. Collins

Address: 7440 Woodland Drive

Indianapolis, IN 46278

Director: Patrick F. Carr

Address: 7440 Woodland Drive

Indianapolis, IN 46278

B. OFFICERS

President: Richard A. Collins

Address: 7440 Woodland Drive

Indianapolis, IN 46278

Vice President: Larry D. Jones

Address: 7440 Woodland Drive

Indianapolis, IN 46278

Secretary: Patrick F. Carr

Address: 7440 Woodland Drive, Indianapolis, IN 46278

Treasurer: Patrick F. Carr

Address: 7440 Woodland Drive, Indianapolis, IN 46278

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

13. Larry D. Jones

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

14. Larry D. Jones, Vice President

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

Addendum to Number 12

NAME	TITLE	ADDRESS
Gregory G. Kohne	Vice President	7440 Woodland Drive Indianapolis, IN 46278

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TALLAHASSEE, FLORIDA

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

UNITEDHEALTHONE AGENCY, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on May 11, 1970, and was in existence or authorized to transact business in the State of Indiana on July 09, 2007.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of July, 2007.

Todd Rokita

TODD ROKITA, Secretary of State

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