# F08000000643

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dadiness Litary Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: First Administrators		
(Name of corporation - must include suffix)		
Dear Sir or Madam:		
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to	
Please return all correspondence concerning this m	atter to the following:	
Carla Steele		
(Nan	ne of Person)	
Wellmark, Inc.		
	n/Company)	
636 Grand Avenue, St	ation 22	
	Address)	
,	•	
Des Moines, IA 5030		
(City/S	tate and Zip code)	
For further information concerning this matter, plea	ase call:	
Carla Steele at (51	5) 235-4232	
	rea 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 & XX \$87.50 Filing Fee, Certified Copy Certified Copy 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.

"Inc.," "Co.," "C	Iministrators, Inc. orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
(If name unavaile	ble in Florida, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)	
2. Iowa		3. 42-1287807	
(State or country	under the law of which it is incorporated)		
	18, 1986	5. Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>N/A</u>			
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)	
7. 636 Gran	d Avenue, Station 32, (Principal office		
636_Gran	d Avenue, Station 32,	Des Maines II 50200	
	(Current mailing	g address)	
<ol><li>business</li></ol>	Current mailing e in, and to do any la es for which corporati	awful act concerning, any or all la ions may be organized under Iowa la or country to be carried out in state of Florida)	wful w.
8. <u>business</u> (Purpose(s)	Current mailing e in, and to do any la es for which corporati	address) awful act concerning, any or all la ions may be organized under Iowa la or country to be carried out in state of Florida)	wful
8. <u>business</u> (Purpose(s)	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of	awful act concerning, any or all laions may be organized under Iowa la or country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	wful w.
8. <u>business</u> (Purpose(s)  9. Name and <u>street</u>	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)	wful w. 08 FEB
8. <u>business</u> (Purpose(s)  9. Name and <u>street</u> Name:	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (  C T Corporation Sys  1200 South Pine Isl  Plantation	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  stem  Land Road  Florida 33324	wful w. 08 FEB   P
8. <u>business</u> (Purpose(s)  9. Name and <u>street</u> Name:	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (  C T Corporation Sys  1200 South Pine Isl	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  Stem  Land Road	wful w. OBFEB   PH 3
8. <u>business</u> (Purpose(s)  9. Name and <u>street</u> Name:  Office Address:	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (  C T Corporation Sys  1200 South Pine Isl  Plantation (City)	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  stem  Land Road  Florida 33324	wfull w. OBFEB I PH 3:3
8. business (Purpose(s)  9. Name and street Name: Office Address:	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (  C T Corporation Sys  1200 South Pine Isl  Plantation (City)  nt's acceptance: It as registered agent and to accept see	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  Stem  Land Road , Florida	OBFEB I PH 3: 37
8. business (Purpose(s)  9. Name and street Name: Office Address:  10. Registered age Having been name designated in this a further agree to con	(Current mailing e in, and to do any la es for which corporati of corporation authorized in home state of address of Florida registered agent: (  C T Corporation Sys  1200 South Pine Isl  Plantation (City)  nt's acceptance: if as registered agent and to accept se pplication, I hereby accept the appoint	awful act concerning, any or all lations may be organized under Iowa lator country to be carried out in state of Florida)  (P.O. Box NOT acceptable)  Stem  Land Road , Florida 33324  (Zip code)  ervice of process for the above stated corporation at the plaintment as registered agent and agree to act in this capacities relative to the proper and complete performance of my desired agent to the proper and complete performance of my desired agent	OBFEB I PH 3: 37

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. DIREC	CTORS			
Chairman:	Denis J. Roy			
Address:	Des Moines, IA 50309			
Vice Chairn	nan:			
Address:				
_				
Director: _	David N. Southwell	Matthew M. Shaffer		
Address: _	636 Grand Avenue	636 Grand Avenue		
		Des Moines, IA 50309		
	Ellen J. Gaucher			
Address:	636 Grand Avenue			
	Des Moines, IA 50309			
B. OFFIC				
		and Chief Branching Office		
		and Chief Executive Officer		
	I-29 & Hamilton Boulevard Sioux City, IA 51103			
	<del>-</del>			
		e President of Marketing		
	636 Grand Avenue			
		·		
Secretary: _	Janet Griffin			
Address: _	636 Grand Avenue, Des Moines, IA 50309			
Treasurer:	David N. Southwell			
Address: _	636 Grand Avenue, Des Moines	, IA 50309		
NOTE: If	See attached.  f necessary, you may attach an addendum to the app	alication listing additional officers and/or directors		
	Ma 1 1 0 11	·		
13	(Signature of Director or Officer listed	in number 12 of the application)		
14	Michele A. Druker, Ass (Typed or printed name and capacity	sistant Secretary		

# Addendum to Foreign Corporation for Authorization to Transaction Business in Florida

#### No. 12 - Names and Addresses of Additional Officers

#### Name and Title

Michele A. Druker Assistant Secretary

Jacilyn K. Joaquin Assistant Treasurer

#### **Address**

636 Grand Avenue Des Moines, Iowa 50309

512 Main Street, Suite 200 Rapid City, South Dakota 57701



Date: 02/07/2008

## SECRETARY OF STATE

490 DP-000112588
FIRST ADMINISTRATORS, INC.
WELLMARK BLUECROSS BLUESHIELD
ATTN:CARLA STEELE
636 GRAND AVENUE
DES MOINES, IA 503092565

CERTIFICATE OF EXISTENCE

Name: FIRST ADMINISTRATORS, INC. Date of Incorporation: 12/18/1986

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Mugael A. Mauro

MICHAEL A. MAURO

SECRETARY OF STATE

