

**F09000005004**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000258743 3))



H090002587433ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 DEC 15 PM 4:35

RECEIVED

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: *see cover*

FOREIGN PROFIT/NONPROFIT CORPORATION

Silverscript Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 15 P 1:49

FILED

*60-91-6-09*  
*12-15-09*

**FILED**  
2009 DEC 15 P 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SilverScript Insurance Company

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," or "Certificate of Good Standing" 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:

Olgu Hinkel

Name of Person

CT Corporation System

Firm/Company

155 Federal Street

Address

Boston MA 02110

City/State and Zip code

mkluker@cvs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Molanie Luker

at (401) 770-3565

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. SilverScript Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Ino.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Tennessee 3. 20-2833904
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/11/2005 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.
(Date first transacted business in Florida, if prior to registration)
(SEB SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)
7. 445 Great Circle Road, Nashville, TN 37228
(Principal office address)
SilverScript Insurance Company
(Current mailing address)

8. Insurance
(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, 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.

By: [Signature] C T Corporation System
Kristen Betzger
Vice President
(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.

FILED
2001 DEC 15 P 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED  
2009 DEC 15 P 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Lloyd McDonald

Address: 9501 Shea Blvd.

Scottsdale AZ 85260

Vice Chairman: Murk Woods

Address: 445 Great Circle Road

Nashville TN 37228

Director: James C. Maritan

Address: Onix CVS Drive

Woonsocket RI 02895

Director: Joseph C. LaPino

Address: 221 N. Charles Lindbergh Drive

Salt Lake City UT 84116

B. OFFICERS

President: Lloyd McDonald

Address: 9501 Shea Blvd.

Scottsdale AZ 85260

Vice President: Todd R. Rooker

Address: Scottsdale AZ 85260

Scottsdale AZ 85260

Secretary: Charles D. Krause

Address: 2211 Sanders Road, Northbrook IL 60062

Treasurer: Charles D. Krause

Address: 2211 Sanders Road, Northbrook IL 60062

*see also attached listing.*

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. Terence M. Corrigan, Assistant Treasurer

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

**FILED**  
2009 DEC 15 P 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

As of 12/8/2009

**SilverScript Insurance Company**

**Corporate Officers**

Name: Lloyd McDonald  
Title: President  
Bus Address: 9501 Shea Blvd.  
Scottsdale, AZ 85280

Name: Todd R. Rooker  
Title: Vice President  
Bus Address: 9501 E Shea Blvd.  
Scottsdale, AZ 85280

Name: Brian J. Januzik  
Title: Vice President  
Bus Address: 9501 E Shea Blvd.  
Scottsdale, AZ 85280

Name: Terence M. Corrigan  
Title: Assistant Treasurer  
Bus Address: One CVS Drive  
Woonsocket, RI 02895

Name: Michele Wulgaiter Buchanan  
Title: Assistant Secretary  
Bus Address: 9501 E. Shea Blvd.  
Scottsdale, AZ 85280

**Directors**

Name: Lloyd McDonald  
Title: Director  
Bus Address: 9501 Shea Blvd.  
Scottsdale, AZ 85280

Name: Todd D. Meek  
Title: Director  
Bus Address: 221 N Charles Lindbergh Dr.  
Salt Lake City, UT 84119

Name: Joseph C. LaPine  
Title: Director  
Bus Address: 221 N Charles Lindbergh Dr.  
Salt Lake City, UT 84119

Name: James G. Maritan  
Title: Director  
Bus Address: One CVS Drive  
Woonsocket, RI 02895

As of 12/9/2009

**SilverScript Insurance Company**

Name: Mark Weeks  
Title: Director  
Bus Address: 445 Great Circle Road  
Nashville, TN 37228

**FILED**  
2009 DEC 15 P 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**FILED** STATE OF TENNESSEE  
Tre Hargett, Secretary of State  
Division of Business Services  
312 Rosa L. Parks Avenue  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243  
2009 DEC 15 P 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CFS**  
8161 Hwy. 100, 172  
Nashville, TN 37221 USA

December 11, 2009

**Request Type: Certificate of Existence/Authorization**  
Request #: 0004462

Issuance Date: 12/11/2009  
Copies Requested: 1

**Document Receipt**

Receipt #: 28962 Filing Fee: \$20.00  
Payment-Account - CFS, Nashville, TN \$20.00

**Regarding: SILVERSCRIPT INSURANCE COMPANY**

Filing Type: Corporation For-Profit - Domestic

Charter/Qualification Date: 05/11/2005

Status: Active

Duration Term: Perpetual

Control #: 493615

Date Formed: 05/11/2005

Jurisdiction: Davidson County

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

**SILVERSCRIPT INSURANCE COMPANY**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State which affect the existence/authorization of the business;
- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination.

Tre Hargett, Secretary of State  
Business Services Division