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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092

Fax Number : (850)878-5368

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INSURA

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COVER LETTER

| TO: Amendment Section Division of Corporations | • | | | |
|---|---|--|--|--|
| SUBJECT: Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company Name of Corporation | | | | |
| Name | of Corporation | | | |
| DOCUMENT NUMBER: | F09000005088 | | | |
| The enclosed Amendment and fee are subm | sitted for filing. | | | |
| Please return all correspondence concerning | this matter to the following: | | | |
| Rita Thatcher, Regulatory Administr | rator | | | |
| Name of Contact Person | | | | |
| USAble Mutual Insurance Compa | ny | | | |
| Finn/Company | | | | |
| 320 West Capitol Avenue Ste 21 | I | | | |
| Address | | | | |
| Little Rock, AR 72201 | | | | |
| City/State and Zip Code | | | | |
| rjthatcher@arkbluecross.c | | | | |
| E-mail address: (to be used for future annu | ual report notification) | | | |
| For further information concerning this man | tter, please call: | | | |
| Rita Thatcher, Regulatory Administrator Name of Contact Person | at (501) 378-7106 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the following amou | nt: | | | |
| \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Statu | \$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

FEET : - 05/07/2009 C T System Chillien

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

| | | CTION (BE COMPLETED) | own) urance Company | برن |
|-------------------------|--|--|--|----------|
| F090000050B8 | | | | |
| | | er of corporation (if kn | own) | • |
| 1 | . Arkansas Blue Cross and Blue | c Shield, A Mutual Ins | urance Company | ر مر |
| | (Name of corporation as it appears | | | -1 |
| 2 . | Arkansus ' | 3 | December 18, 2009 | |
| | (Incorporated under laws of) | (Date | authorized to do business in Florida) | _ |
| | SE (4-7 COMPLETE ONLY | CTION II THE APPLICABLE | CHANGES) | |
| | e amendment changes the name of the corporati | | change effected under the laws of | |
| its j | urisdiction of incorporation? March | 15, 2010 | | |
| 5. (Na ap | USAble Mun me of corporation after the amendment, adding s propriate abbreviation, if not contained in new n | ial Insurance Company suffix "corporation ame of the corpora | " "company," or "incorporated," or | |
| (If no bus | ew name is unavailable in Florida, enter alternat iness in Florida) | e corporate name a | dopted for the purpose of transacting | |
| 6. If th | e amendment changes the period of duration, in | dicate new period o | of duration. | |
| | (No | w duration) | | |
| 7. If th | e amendment changes the jurisdiction of incorpo | oration, indicate ne | w jurisdiction. | |
| | (New | jurisdiction) | | |
| 8. Atta 90 d havi | ched is a certificate or document of similar important ays prior to delivery of the application to the Deng custody of corporate records in the jurisdiction | ort, evidencing the partment of State, on under the laws of | amendment, authenticated not more that by the Secretary of State or other officing which it is incorporated. | in al |
| | (Signature of a director, president or other officer - if it of a receiver or other court appointed fiduciary, by that | the hands t fiduciary) | | |
| | Lee Douglass | | Secretary | |
| | (Typed or printed name of person signing) | | (Trile of person signing) | |

FI.021 - 05/07/2009 CT System Online

STATE OF ARKANSAS State Insurance Department CERTIFICATE

I, the undersigned Insurance Commissioner of Arkansas, do hereby certify that the foregoing documents hereto attached contain a true and complete copy of the

ARTICLES OF AMENDMENT

TO THE

ARTICLES OF INCORPORATION

OF

ARKANSAS BLUE CROSS AND BLUE SHIELD,

A MUTUAL INSURANCE COMPANY

n/k/a USABLE MUTUAL INSURANCE COMPANY

DATED MARCH 15, 2010

And that a photocopy is now among the files in my office.



In Witness Witness, I have hereunto set my hand and affixed the official seal of this Department at the City of Little Rock, Arkansas, this 12th day of June, 2012.

NSURANCE COMMISSIONER

Legal/tas

APPROVED

MAR 2 3 2010

LEGAL ARKANSAS INSURANCE DEPT

ARTICLES OF INCORPORATION OF ARKANSAS BLUE CROSS AND BLUE SHIELD, A MUTUAL INSURANCE COMPANY

ARTICLES OF AMENDMENT TO THE

Pursuant to the provisions of the Arkansas Insurance Code (A.C.A. §23-69-107), Arkansas Blue Cross and Blue Shield, a Mutual Insurance Company ("the Company") amended Article I of its Articles of Incorporation to read as follows:

"The name of this Corporation shall be USAble Mutual Insurance Company"

The above amendment was adopted by the members of the Company at the annual meeting of the members held on March 15, 2010, pursuant to notice and in the manner prescribed by the Arkansas Insurance Code.

IN WITNESS WHEREOF, We the undersigned President and Secretary of the Company hereby affix our hands and seals on behalf of the Company this 15th day of March, 2010.

> Arkansas Blue Cross and Blue Shield, A Mutual Insurance Company

P. Mark White

President & Chief Executive Officer

Lee Douglass, Secretary

Attested:

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VERIFICATION

State of Arkansas County of Pulaski

I, Lee Douglass, having been duly sworn, do hereby state on oath that the above and foregoing Articles of Amendment of Arkansas Blue Cross and Blue shield, A Mutual Insurance Company, are true and correct to the best of my knowledge and belief, this 15th day of March, 2010.

Lee Douglass

SUBSCRIBED AND SWORN to before me, a Notary Public, this 15th day of

March, 2010.

Notary Public

My Commission Expires:

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