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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

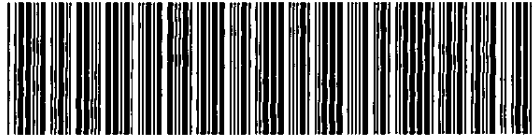
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 11 2010

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Averde Health, 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:

Gail Bogossian
(Name of Person)
Averde Health, Inc.
(Firm/Company)
21 Broad Rd., Suite 300
(Address)
West Hartford, CT 06107
(City/State and Zip code)

For further information concerning this matter, please call:

Gail Bogossian at (860) 202-6670
(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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Averde Health, Inc.

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

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

2. Delaware

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

3. 26-3553140

(FEI number, if applicable)

4. 7/16/08

(Date of incorporation)

5. perpetual

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

6. _____

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

7. 21 Brace Rd., Suite 300, West Hartford, CT 06107

(Principal office address)

Same

(Current mailing address)

8. Administers health plans & insurance and manages provider networks

(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: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(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.

Corporation Service Company

By: Michele Henry

(Registered agent's signature)

Michele Henry
Assistant VP

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

Chairman:

Thomas D. Policelli ✓

Address:

21 Brace Rd., Suite 300
West Hartford, CT 06107

Vice Chairman:

Address:

Director:

Graydon M. Clouse ✓

Address:

20 Marshall St., #3
Brookline, MA 02446

Director:

Address:

B. OFFICERS

President:

Thomas D. Policelli 1 ✓

Address:

21 Brace Rd., Suite 300
West Hartford, CT 06107

Vice President:

Graydon Clouse ✓

Address:

20 Marshall St., #3
Brookline, MA 02446

Secretary:

Gail Bogossian, Esq. ✓

Address:

21 Brace Rd., Suite 300, West Hartford, CT 06107

Treasurer:

Eugene Cavanaugh ✓

Address:

21 Brace Rd., Suite 300, West Hartford, CT 06107

★ → See Addendum for additional officers
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.

Gail Bogossian, SVP, Secretary, General Counsel
(Typed or printed name and capacity of person signing application)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**ADDENDUM
TO
APPLICATION BY FOREIGN CORPORATION
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

AVERDE HEALTH, INC.

ADDITIONAL OFFICERS

OFFICER	POSITION	ADDRESS
Roberta Wachtelhausen	Senior Vice President, Sales and Marketing	21 Brace Rd., Suite 300 West Hartford, CT 06107
Robert Chin	Senior Vice President Chief Information Officer	10 Lancaster Rd. Windham, NH 03087
William F. Carroll	Senior Vice President, Network Operations	29200 Shore Breeze St. Lake Elsinore, CT 92530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVERDE HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2010.

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SECRETARY OF STATE
JILL AHASSEL, CLERK



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7759935

DATE: 01-14-10