

F12000004603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

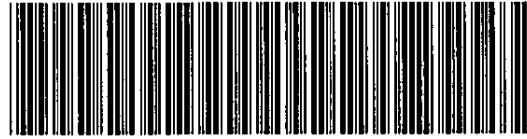
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

MRS  
11/14/12

## COVER LETTER

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

**SUBJECT:** Care Improvement Plus South Central 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:

June Stracener

Name of Person

Mitchell, Williams, Selig, Gates & Woodyard, PLLC

Firm/Company

5414 Pinnacle Point Drive, Suite 500

Address

Rogers, AR 72758

City/State and Zip code

CLS-SOPPLATeam@wolterskluwer.com

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

For further information concerning this matter, please call:

June Stracener

Name of Person

at ( 479 ) 464-5668

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. Care Improvement Plus South Central Insurance Company  
(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. Arkansas 3. 20-3888112  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 13, 2006 5. perpetual  
(Date of incorporation) (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)

7. 351 W. Camden Street, Suite 100, Baltimore, Maryland 21201  
(Principal office address)

351 W. Camden Street, Suite 100, Baltimore, Maryland 21201  
(Current mailing address)

8. insurance company  
(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

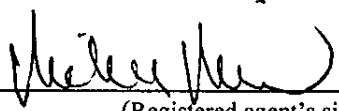
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

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**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.*

  
(Registered agent's signature) **Michele Miller**  
**Assistant Secretary**

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: None

Address: \_\_\_\_\_

Vice Chairman: None

Address: \_\_\_\_\_

Director: Cynthia Longseth Polich

Address: 351 West Camden Street, Suite 100

Baltimore, MD 21201

Director: Mete Sahin

Address: 351 West Camden Street, Suite 100

Baltimore, MD 21201

**B. OFFICERS**

President: John Lawrence Larsen

Address: 351 West Camden Street, Suite 100

Baltimore, MD 21201

Vice President: Paul Anthony Serini

Address: 351 West Camden Street, Suite 100

Baltimore, MD 21201

Secretary: Paul Anthony Serini

Address: 351 West Camden Street, Suite 100, Baltimore, MD 21201

Treasurer: Robert Worth Oberrender

Address: 351 West Camden Street, Suite 100, Baltimore, MD 21201

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

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Paul Anthony Serini, Secretary

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

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TALLAHASSEE, FLORIDA

**CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY ("CIPSC")**

Continuation of item 12 (Name and Business Address of  
Each Officer and/or Director of CIPSC)

<b><u>TITLE</u></b>	<b><u>NAME AND ADDRESS</u></b>
Director	Paul Anthony Serini 351 West Camden Street, Suite 100 Baltimore, MD 21201
Chief Financial Officer	Mete Sahin 351 West Camden Street, Suite 100 Baltimore, MD 21201
Assistant Secretary	Daniel Jay Friedman 351 West Camden Street, Suite 100 Baltimore, MD 21201
Assistant Secretary	Michelle Marie Huntley Dill 351 West Camden Street, Suite 100 Baltimore, MD 21201
Chief Legal Officer	Daniel Jay Friedman 351 West Camden Street, Suite 100 Baltimore, MD 21201

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**STATE OF ARKANSAS**  
**State Insurance Department**  
**CERTIFICATE OF COMPLIANCE**

**I, the undersigned Arkansas Insurance Commissioner, do hereby certify that CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE COMPANY, duly organized under the laws of this State, is authorized to issue policies and transact the business of Accident & Health (Limited to Medicare only products), as of December 31, 2011.**



**In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at City of Little Rock, Arkansas, this 25th day of October, 2012.**

  
**INSURANCE COMMISSIONER**