Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000150635 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

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

Rmail Address:

FOREIGN PROFIT/NONPROFIT CORPORATION H&R BLOCK HEALTH INSURANCE AGENCY, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$70.00 |

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COVER LETTER

| TO: New Filing Section Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: H&R Block Health Insurance Agency, Inc. | | | | |
| Name of corporat | lon – must include suffix | | | |
| Dear Sir or Madam: | | | | |
| The enclosed "Application by Foreign Corporation is "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus | tanding" and check are submitted to register the | | | |
| Please return all correspondence concerning this ma | tter to the following: | | | |
| Name | of Person | | | |
| Firm/C | ompany | | | |
| Ad | idress | | | |
| | | | | |
| City/Stat | e and Zip code | | | |
| kbartle@brblock.com | | | | |
| E-mail address: (to be use | ed for future annual report notification) | | | |
| For further information concerning this matter, please | se call: | | | |
| at (| 1 | | | |
| | a Code & Daytime Telephone Number | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | |
| New Filing Section | New Filing Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building 2661 Executive Center Circle | P.O. Box 6327 | | | |
| Tallabassec, FL 32301 | 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 & ☐ \$87.50 Filing Fee, Certified Copy 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.

| | alth Insurance Agency, Inc. corporation; must include "INCORPORATI Corp." "Inc.," "Co." or "Corp.") | ed," "Company," "Corporation," | |
|-------------------|---|--|-------------------------|
| (If mane mayal | lable in Florida, enter alternate corporate na | me adopted for the purpose of transacting business | in Florids) |
| Delaware | | 3. 46-3067218 | |
| (State or country | under the law of which it is incorporated) | (FEI member, if applicable) | |
| 06/26/2013 | | 5. Perpetual | |
| (D pt | of incorporation) | (Duration: Year corp. will cease to exist or " | perpennal") |
| Upon Qualifica | aion . | | |
| | (Date first transacted busine | us in Florida, if prior to registration) 77.1502, F.S., to determine penalty liability) | • |
| One H&R Block | Way, Kansas City, MO 64105 | | <u> </u> |
| | (Principal office | eddress) | EC. |
| 6azne | • | | <u> </u> |
| | (Current mailing | address) | -3 PI |
| Insurance Age | | or country to be carried out in state of Florida) | |
| Cresposet | s) of conformatiff summitized an intime scale (| t touthly in on the state of the state of the state of | 2: 43 STATE LORID |
| . Name and stre | et address of Florida registered agent: | (P.O. Box NOT acceptable) | 골드 5 |
| Name: | C T Corporation System | | >- ' ' ' ' |
| office Address: | 1200 South Pine Island Road | | |
| | Plantation | . Florida 33324 | |
| | (City) | (Zip code) | |

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.

(Registered agene's effecture) 017/03/2013

FILED

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| 12. Names and business addresses of officers and/or directors: | TALLAHASSEE FLORIDA |
|--|--|
| A. DIRECTORS | - TOKINA |
| Chairman: SEE ATTACHMENT | |
| Address: | |
| | |
| Vice Chairman: | |
| Address: | , |
| | <u> </u> |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | · |
| | |
| B. OFFICERS | |
| President: SEE ATTACHMENT | • |
| Address: | |
| | |
| Vice President: | |
| Address: | • |
| Autress | , |
| | |
| Secretary: | |
| Address: | · · · · · · · · · · · · · · · · · · · |
| Treasurer: | |
| Address: | |
| NOTE: If necessary, you may attach an addendum to the application listing add | litional officers and/or directors. |
| Signature of Director or Officer | |
| The officer or director signing this document (and who is listed in mmber 12 ab are true and that he or she is aware that false information submitted in a docume | ove) affirms that the facts stated herein not to the Department of State constitutes |
| a third degree felony as provided for in s.817.155, F.S. | |
| 14. Douglas Tapp President (Typed or printed name and capacity of person signing a | application) |

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

H&R Block Health Insurance Agency, Inc. Attachment to Application for Certificate of Authority

Directors and Officers

| Ethan J. Harrington | Director | One H&R Block Way |
|---------------------|------------------------------|-----------------------|
| _ | | Kansas City, MO 64105 |
| Douglas Tapp | Director | One H&R Block Way |
| , , | | Kansas City, MO 64105 |
| Douglas Tapp | President | One H&R Block Way |
| | | Kansas City, MO 64105 |
| Scott W. Andreasen | Vice President and Secretary | One H&R Block Way |
| | | Kansas City, MO 64105 |
| George Guastello | Vice President | One H&R Block Way |
| | | Kansas City, MO 64105 |
| Ethan J. Harrington | Vice President | One H&R Block Way |
| | | Kansas City, MO 64105 |
| David J. Staley | Treasurer | One H&R Block Way |
| | | Kansas City, MO 64105 |
| Priscilla E. Duncan | Assistant Secretary | One H&R Block Way |
| | | Kansas City, MO 64105 |
| Gina M. Monger | Assistant Treasurer | One H&R Block Way |
| | | Kansas City, MO 64105 |

Delaware 13 JUL -3 PM 2: 43 PAGE RETARY OF STATE TALL AHASSEE FLORIDA

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HER BLOCK HEALTH INSURANCE AGENCY, 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 SECOND DAY OF JULY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

5357892 8300

DATE: 07-02-13