F14000004356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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WA-54576

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: United Health Actuarial Services, 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," 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:

Annette Baechle
Name of Person

United Health Actuarial Services, Inc.
Firm/Company

11611 N. Meridian St., Suite 330
Address

Carmel, IN 46032
City/State and Zip code

abaechle@uhasinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Annette Baechle at (317) 575-7671
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 8, 2014

ANNETTE BAECHLE
11611 N. MERIDIAN ST STE 330
CARMEL, IN 46032

SUBJECT: UNITED HEALTH ACTUARIAL SERVICES, INC.
Ref. Number: W14000054576

We have received your document for UNITED HEALTH ACTUARIAL SERVICES, INC. and your check(s) totaling $70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00019110

RECEIVED
14 OCT 14 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. United Health Actuarial Services, 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. Indiana
(State or country under the law of which it is incorporated)

3. 04-3738148
(FEI number, if applicable)

4. 01/17/2003
(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. 11611 N. Meridian St., Suite 330, Carmel, IN 46032
(Principal office address)

11611 N. Meridian St., Suite 330, Carmel, IN 46032
(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Eva Gaber

Office Address: 1089 West Morse Blvd., Suite D

Winter Park, Florida 32789
(City) (Zip code)

9. **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)

10. 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.

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

A. DIRECTORS

Chairman: Karl G. Volkmar

Address: 14265 Oakbrook Ct.
Carmel, IN 46033

Vice Chairman: See above

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: Karl G. Volkmar

Address: 14265 Oakbrook Court
Carmel, IN 46033

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

12. _____
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.

13. Karl G. Volkmar, Principal and Sr. Consulting Actuary
(Typed or printed name and capacity of person signing application)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

UNITED HEALTH ACTUARIAL SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 17, 2003, and was in existence or authorized to transact business in the State of Indiana on October 02, 2014.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of October, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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