

F15000002797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

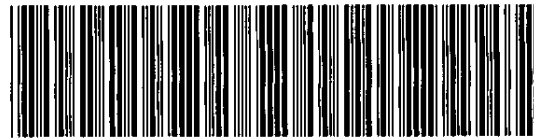
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE

15 JUN 25 PM 2:08

N. Cuffigan

JUN 26 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 681121 7781402

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : June 24, 2015

ORDER TIME : 1:08 PM

ORDER NO. : 681121-045

CUSTOMER NO: 7781402

FOREIGN FILINGS

NAME: GEISINGER HEALTH PLAN

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GEISINGER HEALTH PLAN, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Gail A. Guisewhite

Name of Person

Geisinger Health Plan

Firm/Company

100 N. Academy Avenue

Address

Danville, PA 17822

City/State and Zip Code

gguisewhite@thehealthplan.com

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

For further information concerning this matter, please call:

Gail A. Guisewhite

at (570) 271-5889

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA.*

1. Geisinger Health Plan, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

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

2. Pennsylvania 3. 23-23115553
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/20/1984 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. To Be Determined
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 100 N. Academy Ave., Danville, PA
(Principal office address)

100 N. Academy Ave., Danville, PA
(Current mailing address)

8. Geisinger Health Plan, Inc. contracts with licensed health care providers in FL to provide access to care.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Corporation Service Company

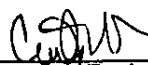
Office Address: 1201 Hays Street

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: 
(Registered agent's signature)

Courtney Williams
Asst. Vice President

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.

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TALLAHASSEE, FLORIDA

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: David T. Feinberg, M.D.
Address: 100 N. Academy Avenue
Danville, PA 17822

Vice Chairman: N/A
Address:

Director: See Attached Listing
Address:

Director:
Address:

B. OFFICERS

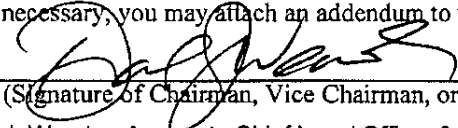
President: Steven R. Youso, President and CEO
Address: 100 N. Academy Avenue
Danville, PA 17822

Vice President: David J. Weader, Associate Chief Legal Officer and Assistant Secretary
Address: 100 N. Academy Avenue
Danville, PA 17822

Secretary: David Felicio, Chief Legal Officer & Secretary
Address: 100 N. Academy Avenue, Danville, PA 17822

Treasurer: Frank Trembulak, Sr. VP and Treasurer
Address: 100 N. Academy Avenue, Danville, PA 17822

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David J. Weader, Associate Chief Legal Officer & Assistant Secretary
(Typed or printed name and capacity of person signing application)

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ATTACHMENT TO THE FOREIGN FOR-PROFIT CORPORATION
FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA.

Full Name (First, Middle, and Last)	Position	Address
Steven Robert Youso	President and CEO	119 McHenry Road Lewisburg, PA 17837
Frank James Trembulak	Senior VP and Treasurer	802 Ridgeview Road Danville, PA 17821
David Todd Feinberg	Chairman	117 Gotschal Road, Danville, PA 17821
Heather Naomi (Moberg) Acker	Director	P.O. Box 573 Waverly, PA 18471
William Herbert Alexander	Director	16 Wagner Street Hummelstown, PA 17036
Bruce Joseph Brown	Director	1635 Woodhaven Drive Hummelstown, PA 17036
Alfred Stanley Casale	Director	1495 Sutton Road Shavertown, PA 18708
Karen (Padgett) Davis	Director	4838 Laurel Hill Place Toledo, OH 43614
Earl Darell Foura	Director	1150 Nelson Street Coal Township, PA 17866
Richard Allan Grafmyre	Director	115 Skyward Drive Danville, PA 17821
Robert Brooks Gronlund	Director	160 Golf View Drive Lewisburg, PA 17837
Vell Christopher Holcombe	Director	328 Toby Run Road Danville, PA 17821
Jonathan Patrick Hosey	Director	1503 Red Lane Danville, PA 17821
Thomas Henry Lee, Jr.	Director	638 Blue Hill Avenue Milton, MA 02186
Don Anthony Rosini	Director	2000 Rosini Drive Shamokin, PA 17872
Christopher Brian Sullivan	Director	1201 Jefferson Avenue Lewisburg, PA 17837

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TALLAHASSEE, FLORIDA

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE**

JUNE 24, 2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GEISINGER HEALTH PLAN

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Pedro A. Contes

Secretary of the Commonwealth