PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEP -7 AM 9:26

DOCUMENT # F15000002797

1. Corporation Name

Geisinger Health Plan, Inc.

CR2EC81 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 N. Academy Ave.		100 N. Academy Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Danville, PA		Danville, PA	
Zip	Country	Zip	Country
17822	USA	17822	USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/20/1984

5. FEI Number: 23-23115553 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.:

City	State	Zip Code
Tallahassee	FL	32301

800318207908

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Emily Croft — Emily Croft — Date: 9/7/2018

REGISTERED AGENT SIGNATURE: Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Thomas H. Lee, Jr., MD, MSc	100 N. Academy Ave.	Danville, PA 17822
P	Steven R. Youso	100 N. Academy Ave.	Danville, PA 17822
T	Kevin V. Roberts, MBA, CPA	100 N. Academy Ave.	Danville, PA 17822
T	Kurt Wrobel	100 N. Academy Ave.	Danville, PA 17822
S	David J. Felicio, Esq.	100 N. Academy Ave.	Danville, PA 17822
S	David J. Weader, Esq.	100 N. Academy Ave.	Danville, PA 17822

10. E-mail Address: djweader@thehealthplan.com
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am 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.

SIGNATURE: [signature] 9/6/18 (570) 271-6836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SEP 07 2018

R. HUNT

Geisinger Health Plan

Titles:	Name of Directors:	Address:
B	Heather M. Acker	100 N. Academy Ave., Danville, PA 17822
B	William H. Alexander	100 N. Academy Ave., Danville, PA 17822
B	John C. Bravman, PhD (GH Chair as Ex-Officio)	100 N. Academy Ave., Danville, PA 17822
B	Bruce Brown	100 N. Academy Ave., Danville, PA 17822
B	Michael Charlton	100 N. Academy Ave., Danville, PA 17822
B	Karen Davis, PhD	100 N. Academy Ave., Danville, PA 17822
B	V. Chris Holcombe, PE	100 N. Academy Ave., Danville, PA 17822
B	Pam Kehaly	100 N. Academy Ave., Danville, PA 17822
B	Thomas H. Lee, Jr., MD, MSc	100 N. Academy Ave., Danville, PA 17822
B	Christopher B. Sullivan	100 N. Academy Ave., Danville, PA 17822
B	Steven R. Youso (Ex-Officio)	100 N. Academy Ave., Danville, PA 17822
B	David T. Feinberg, MD, MBA (GH President & CEO as Ex-Officio)	100 N. Academy Ave., Danville, PA 17822

SEP 07 2018
R. HUNT

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

ACCOUNT NO. : I20000000195

REFERENCE : 360573 7781402

AUTHORIZATION :

COST LIMIT : $ 367.50

ORDER DATE : August 23, 2018

ORDER TIME : 9:09 AM

ORDER NO. : 360573-005

CUSTOMER NO: 7781402

DOMESTIC FILINGS

NAME: GEISINGER HEALTH PLAN, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - Ext# 62925

SEP 07 2018

EXAMINER'S INITIALS R. HUNT

RECEIVED
18 SEP -7 AM 10:52