

**F1500004384**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
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.\*\***

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

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Harken Health Insurance Company**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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S. YOUNG

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Corporate Filing Menu

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Harken Health 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:

Traci Haugen

Name of Person

UnitedHealthcare

Firm/Company

9700 Health Care Lane, MN017-B300

Address

Minnetonka, MN 55343

City/State and Zip code

traci\_haugen@uhc.com

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

For further information concerning this matter, please call:

Traci Haugen

at (952) 979-5698

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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. Harken Health 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. Wisconsin

(State or country under the law of which it is incorporated)

3. 35-1279304

(FBI number, if applicable)

4. 8/4/1972

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than 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. 2700 Midwest Drive

(Principal office address)

Onalaska, Wisconsin 54650

(Current mailing address, if different)

8. 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, FL

(City)

Florida 33324

(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.*

C T Corporation System

By: Michele Miller

**Michele Miller**  
**Assistant Secretary**  
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

**Director** James Becker  
~~President:~~

Address: 9800 Health Care Lane, MN006-E010  
Minnetonka, MN 55343

**Director** N. Brent Cottingham  
~~Vice President:~~

Address: 9700 Health Care Lane, MN017-B900  
Minnetonka, MN 55343

**Director:** Kathryn Sullivan  
Address: 200 Randolph, Ste. 5300  
Chicago, IL 60601

**Director:** Thomas Vanderheyden  
Address: 9700 Health Care Lane, MN017-1000  
Minnetonka, MN 55343

B. OFFICERS

**President:** Thomas Vanderheyden  
Address: 9700 Health Care Lane, MN017-1000  
Minnetonka, MN 55343

**Vice President:** N. Brent Cottingham  
Address: 9700 Health Care Lane, MN017-B900  
Minnetonka, MN 55343

**ASST Secretary:** Michelle Huntley  
Address: 9900 Bren Road East, MN008-T502, Minnetonka, MN 55343

**Treasurer:** Robert Oberrender  
Address: 9900 Bren Road East, MN008-T450, Minnetonka, MN 55343

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

12. Michelle M. Huntley  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Michelle M. Huntley, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## *Certificate of Compliance* *State of Wisconsin*

Office of the Commissioner of Insurance

As of This Date: **September 29, 2015**

As Commissioner of Insurance of the State of Wisconsin I have supervision of insurance business and as such hereby certify that:

**HARKEN HEALTH INSURANCE COMPANY**

**Domicile State: Wisconsin**

Is duly authorized to transact the business of:

***Disability Insurance, and Life Insurance and Annuities***

IN TESTIMONY WHEREOF, I have hereunto set my hand.

A handwritten signature in black ink, appearing to be "K. J. ...", written over a horizontal line.

Commissioner of Insurance

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