

F15000004384

Florida Department of State
Division of Corporations
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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

15 OCT -2 AM 10:10

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15 OCT -2 AM 11:21
TALLAHASSEE, FLORIDA

OCT 05 2015

S. YOUNG

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

Minniconka, 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

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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 3. 35-1279304
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 8/4/1972 5. _____
 (Date of incorporation) (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: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation, FL, Florida 33324
 (City) (Zip code)

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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.

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

A. DIRECTORS

Director James Becker

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

Director N. Brent Cottingham

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

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TAMMUNSCIE, MINN.

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)



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

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TAMARA BASSETT, FLORIDA

IN TESTIMONY WHEREOF, I have hereunto set my hand.

Commissioner of Insurance