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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

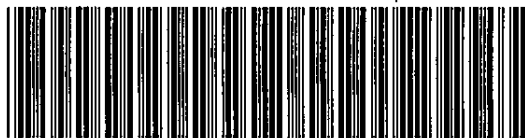
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 27 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MII Life, Incorporated (d/b/a SelectAccount)
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:
Stacey Carvell, Pr. Regulatory Compliance Analyst

Name of Person	MII Life, Incorporated (d/b/a SelectAccount)
Firm/Company	3535 Blue Cross Road; Mailstop S140
Address	Eagan, MN 55122-1154
City/State and Zip code	Stacey.Carvell@selectaccount.com
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Stacey Carvell at (651) 662-7431
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.

MII Life, Incorporated (d/b/a SelectAccount)

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")

SelectAccount

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

2. Minnesota 3. 41-6019132
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/04/1954 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

5. 02/01/2016
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1750 Yankee Doodle Road; Eagan, MN 55121
(Principal office address)

P.O. Box 64193; St. Paul, MN 55164-0193
(Current mailing address, if different)

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

Name: Corporation Service Company
1201 Hays Street
Office Address: Tallahassee, Florida 32301
(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.

Mai Louiter, Mai Louiter, ASST VP
(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: Jamison J. Rice
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

Vice Chairman: Scott Keefer
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

Director: Jay Matushak
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

Director: Monica Engel
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

B. OFFICERS

President: Carol A. Kraft
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

Vice President: Reed D. Erickson
3535 Blue Cross Road; P.O. Box 64560
Address: St. Paul, MN 55164-0560

Secretary: Alicia Reuter
3535 Blue Cross Road; P.O. Box 64560; St. Paul, MN 55164-0560
Address: _____

Treasurer: John Omer
3535 Blue Cross Road; P.O. Box 64560; St. Paul, MN 55164-0560
Address: _____

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

12. *Reed Erickson*
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. Reed D. Erickson
(Typed or printed name and capacity of person signing application)

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TALLMANSVILLE, MINNESOTA

MII LIFE, INCORPORATED

MII Life, Incorporated (MII Life) is a Minnesota stock insurance corporation. Aware Integrated, Inc. owns 100% of the common stock of MII Life, Inc.

MII Life administers flexible spending accounts, health reimbursement arrangements, and health savings accounts as part of the "SelectAccount" family of health funding accounts. In addition, MII Life provides stop loss coverage for self-insured accounts.

Board of Directors

JAMISON J. RICE

SVP, Sr. Chief Transformation Officer
Blue Cross and Blue Shield of Minnesota
3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

MONICA R. ENGEL

VP, Consumer Markets
Blue Cross and Blue Shield of Minnesota
3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

SCOTT KEEFER

VP, Policy & Legislative Affairs
Blue Cross and Blue Shield of Minnesota
3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

FRANK FERNANDEZ

VP, Government Programs
Blue Cross and Blue Shield of Minnesota
3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

JAY MATUSHAK

VP, Sr. Chief Financial Officer
Blue Cross and Blue Shield of Minnesota
3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

Officers

Jamison J. Rice	Chair
Scott Keefer	Vice Chair
Carol A. Kraft	President, Chief Executive Officer
John Orner	Treasurer
Alicia Reuter	Secretary
Christine Titus	Assistant Secretary
Reed D. Erickson	VP, Compliance & Risk Management
Nicole M. Stretar	VP, Chief Information Officer
David R. Cantu	VP, Marketing, Sales & Public Relations
Nancy F. Nelson	VP, Chief Actuary
Denise M. Bergevin	VP, Finance & Corporate Controller
Elizabeth Moran	VP, General Counsel

** Please note all Officers' Address are the following:

3535 Blue Cross Road
P.O. Box 64560
St. Paul, MN 55164-0560

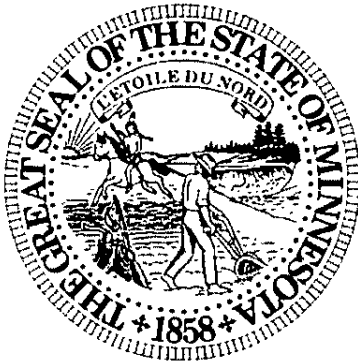
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: MII LIFE, INCORPORATED
Date Filed: 08/04/1954
File Number: 406-AA
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 01/19/2016



Steve Simon
Steve Simon
Secretary of State
State of Minnesota

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PALM SPRING, FLORIDA