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(Requestor's Name)

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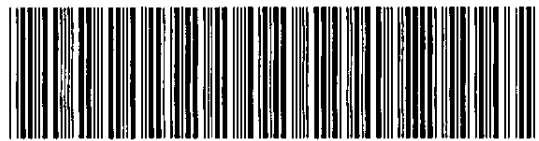
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 15 PM 3:53

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AND
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K. SALY
EXAMINER
MAR 15

COVER LETTER

TO: Registration Section
Division of Corporations

Educators Health Plans Life, Accident and Health, Inc.

SUBJECT: _____
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:
Brandon L. Smart

Name of Person
Educators Health Plans Life, Accident and Health, Inc.

Firm/Company
852 E Arrowhead Lane

Address
Murray UT 84107

City/State and Zip code
bsmart@emihealth.com

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

For further information concerning this matter, please call:

Douglas Mang 850 222-7710

Name of Person at () Daytime Telephone Number
Area Code

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.*

Educators Health Plans Life, Accident and Health, Inc.

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

EMI Health

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

2. _____ 3. _____
Utah 20-4023720
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. _____ 5. _____
November 9, 2005 N/A
(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)
852 E Arrowhead Lane, Murray UT 84107

7. _____
(Principal office address)
N/A

(Current mailing address, if different)

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

Name: Douglas Mang

Office Address: 1424 Piedmont Drive East, Suite 200
Tallahassee 32308
_____, Florida _____
(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.

Douglas A. Mang
(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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Gary Harmer
852 E Arrowhead Lane
Address: Murray UT 84107

Vice Chairman: N/A
Address: _____

Director: Please see attached Addendum for all Directors
Address: _____

Director: _____
Address: _____

B. OFFICERS

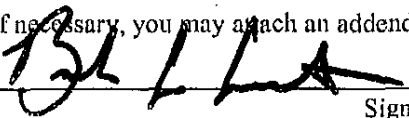
President: Steve Morrison
852 E Arrowhead Lane
Address: Murray UT 84107

Vice President: Brandon L. Smart
852 E Arrowhead Lane
Address: Murray UT 84107

Secretary: D. Ryan Lowther
852 E Arrowhead Lane, Murray UT 84107
Address: _____

Treasurer: Michael Greenhalgh
852 E Arrowhead Lane, Murray UT 84107
Address: _____

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

12. 
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. Brandon Smart, Vice President and Chief Legal Counsel
(Typed or printed name and capacity of person signing application)

ADDENDUM

DIRECTORS:

Gary Harmer
852 E Arrowhead Lane
Murray UT 84107

Michael Evans
852 E Arrowhead Lane
Murray UT 84107

Michael Francis
852 E Arrowhead Lane
Murray UT 84107

Paul Gottfredson
852 E Arrowhead Lane
Murray UT 84107

Star Orullian
852 E Arrowhead Lane
Murray UT 84107

Randall R. Smart
5320 South 900 East
Salt Lake City UT 84117

Scott Thorton
852 E Arrowhead Lane
Murray UT 84107

Delora Wight
852 E Arrowhead Lane
Murray UT 84107

Lisa Nentl-Bloom
852 E Arrowhead Lane
Murray UT 84107

Corey Callahan
852 E Arrowhead Lane
Murray UT 84107

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OFFICERS:

Steve Morrison
Chief Executive Officer, President
852 E Arrowhead Lane
Murray UT 84107

D. Ryan Lowther
Secretary, Chief Operating Officer
852 E Arrowhead Lane
Murray UT 84107

Michael Greenhalgh
Treasurer, CFO/Controller
852 E Arrowhead Lane
Murray UT 84107

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TALLAHASSEE FLORIDA



Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

03/15/2016
6048715-014203152016-1601781

CERTIFICATE OF EXISTENCE

Registration Number: 6048715-0142
Business Name: EDUCATORS HEALTH PLANS LIFE, ACCIDENT &
HEALTH, INC
Registered Date: November 09, 2005
Entity Type: Corporation - Domestic - Profit
Current Status: Good Standing

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Kathy Berg
Director
Division of Corporations and Commercial Code