

5/27/2016 9:53: AM To: 8506 6383 (1/6 )  
Division of Corporations  
**F1600002452**

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**

CareAllies, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

MAY 31 2016

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Corporate Filing Menu

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FILED  
16 MAY 27 PM 2:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 27 AM 10:00  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CareAllies, Inc.

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:

SUSAN METTROW

Name of Person

CIGNA

Firm/Company

1601 CHESTNUT ST TL7LF

Address

PHILA, PA 19192

City/State and Zip code

susan.mettrow@cigna.com

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

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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. CareAllies, Inc.  
(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. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/24/2016 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Two Liberty Place, 1601 Chestnut Street, Philadelphia, PA 19192  
(Principal office address)  
  
same  
(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, Florida 33324  
(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.*

C T Corporation System

By: [Signature]

(Registered agent's signature)

**ANN J. WILLIAMS**  
Assistant Vice President

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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16 MAY 27 PM 2:59  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: SEE ATTACHMENT

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: SEE ATTACHMENT

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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. Margaret E. Routzahn, Vice President

(Typed or printed name and capacity of person signing application)

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16 MAY 27 PM 2:59  
TALLAHASSEE, FLORIDA

## CAREALLIES, INC.

### Board of Directors

Name	Position	Business Address
Julian J. Harris	Member Board of Directors	900 Cottage Grove Rd., W2SLT, Bloomfield, CT 06152
Alan M. Munev	Member Board of Directors	900 Cottage Grove Rd., W2SLT, Bloomfield, CT 06152
Matthew Shawn Morris	Member Board of Directors	530 Great Circle Road, Nashville, TN 37228

### Officers

Name	Position	Business Address
Julian J. Harris	President	900 Cottage Grove Rd., W2SLT, Bloomfield, CT 06152
Mark Fleming	Vice President and Assistant Treasurer	1601 Chestnut St., TL15E, Philadelphia, PA 19192
Karthik Ganesh	Vice President	30 Knightsbridge Rd., Piscataway, NJ 08854
Joanne R. Hart	Vice President and Assistant Treasurer	1601 Chestnut St., TL15E, Philadelphia, PA 19192
Scott R. Lambert	Vice President and Treasurer	900 Cottage Grove Rd., CSTR5, Bloomfield, CT 06152
Rajesh S. Shrestha	Vice President	25500 N. Norterra Dr., Bldg. 8, Phoenix, AZ 85085
Francis Sudall	Vice President and Assistant Treasurer	1601 Chestnut St., TL15E, Philadelphia, PA 19192
Anna Krishtul	Secretary	1601 Chestnut St., TL15E, Philadelphia, PA 19192
Teresa R. Jordan	Assistant Secretary	2900 N. Loop W., STE 1300, Houston, TX 77092
Susan Metrow	Assistant Secretary	1601 Chestnut St., TL15E, Philadelphia, PA 19192
Lynn M. Perez	Assistant Secretary	1601 Chestnut St., TL15E, Philadelphia, PA 19192

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CLERK OF DISTRICT COURT  
JASPER, FLORIDA

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAREALLIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



6033355 8300

SR# 20163800110

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202387614

Date: 05-26-16