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12122023573 From: Kimberly Laughrey

11/8/2017

Division of Corporations

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 : (512)418-6949
Fax Number : (954)208-0845

****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
Employers Health Purchasing Corporation

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

2017 NOV -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17-NOV-8 AM 11:12

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J. LEGGETT
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**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:**

1. Employers Health Purchasing Corporation
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04/01/1999 5. 04/28/2021
(Date of Incorporation) (Date of duration, if other than perpetual)
6. Upon registering with the State.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 4771 Fulton Drive NW, Canton, OH 44718
(Principal office address)

(Current mailing address, if different)
8. Establishes group purchasing contracts for a variety of health benefit services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. 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, Florida 33324
(City) (Zip Code)

10. 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.

Kimberly Laughrey

Kimberly Laughrey, Assistant Secretary

(Registered agent's signature)

11. 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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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: See attached

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached

Address:

Vice President:

Address:

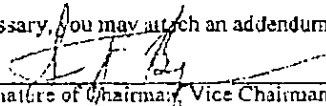
Secretary:

Address:

Treasurer:

Address:

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Steven Burger, Chief Financial Officer
(Typed or printed name and capacity of person signing application)

**Application by Foreign Not for Profit Corporation for Authorization to Conduct Its Affairs in
Florida (Continued)**

12. Names and addresses of officers and/or directors

A. DIRECTORS

Mr. Greg Troy – Chairman	1332 Blue Hills Avenue Bloomfield, CT 06002
Mr. Mark Trushel – Vice Chairman	4754 E. High Street Mantua, OH 44255
Ms. Charlotte Sideri	1440 Plateau St., NE Uniontown, OH 44685
Mr. Mark Spears	7977 Hills and Dales Road NE Massillon, OH 44646
Mr. Joe Chaddock	2100 38 th St. NW Canton, OH 44709
Mr. Doug Nelson	4500 Mt. Pleasant St. NW, WHQ-01 North Canton, OH 44720
Ms. Susan Marsico	4876 Galway Dr. Dublin, OH 43017
Mr. Mark McLeod	173 W. Lorain St. Oberlin, OH 44074
Mr. Eric Murray	1835 Dueber Ave., SW, BIC-11 Canton, OH 44706
Mr. Guy Pietra	1432 Maple Avenue NE Canton, OH 44705
Ms. Tina Speicher	76 S. Main St. Akron, OH 44308
Mr. Mark Sponseller	26 Main St. N. Navarre, OH 44662

B. OFFICERS

Mr. Greg Troy – Chairman	1332 Blue Hills Avenue Bloomfield, CT 06002
Mr. Mark Trushel – Vice Chairman	4754 E. High Street Mantua, OH 44255
Ms. Charlotte Sideri – Secretary	1440 Plateau St., NE Uniontown, OH 44685
Mr. Mark Spears – Treasurer	7977 Hills and Dales Road NE Massillon, OH 44646
Mr. Christopher Goff – CEO	4771 Fulton Dr. NW Canton, OH 44718
Mr. Steven Burger – CFO	4771 Fulton Dr. NW Canton, OH 44718

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio and as such have custody of the records of Ohio and Foreign business entities; that said records show EMPLOYERS HEALTH PURCHASING CORPORATION, an Ohio not for profit corporation, Charter No. 1069089, having its principal location in Jackson Township, County of Stark, was incorporated on April 1, 1999 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 20th day of October, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201729302532