

F1900005217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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NOV 20 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 049094 4352697

AUTHORIZATION :

(COST LIMIT : \$ 78.75)

ORDER DATE : November 13, 2019

ORDER TIME : 9:40 AM

ORDER NO. : 049094-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA BENEFIT PLAN OF
ILLINOIS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Humana Benefit Plan of Illinois, 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:

Jennifer G. Webb

Name of Person

Humana Inc.

Firm/Company

500 West Main Street, Law Department

Address

Louisville, KY 40202

City/State and Zip code

dwilliams20@humana.com

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

For further information concerning this matter, please call:

Jennifer G. Webb

502

580-3777

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. Humana Benefit Plan of Illinois, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Illinois 3. 37-1326199
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 20, 1994 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4501 Sterling Avenue, 2nd Floor, Peoria, IL 61615
(Principal office address)
- 500 West Main Street, c/o Corporate Secretary, Louisville, KY 40202
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- 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.

Corporation Service Company

By: _____

Roxanne Turner

(Registered agent's signature)

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

A. DIRECTORS

Chairman: See attached list

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: See attached list

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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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. Joseph M. Ruschell, Assistant General Counsel & Assistant Corporate Secretary

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

Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Directors

Bruce Dale Broussard

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Timothy Alan Wheatley

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Brian Andrew Kane

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Neal C. Fischer, M.D.

Director

Primary Address

550 W. Adams Street
Chicago, Illinois 60661

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Praveen Gope Thadani

Director

Primary Address

3015 Bella Court
Lisle, Illinois 60532

Ross Alan Westreich

Director

Primary Address

550 West Adams Street
Chicago, Illinois 60661

Officers

Bruce Dale Broussard

President and Chief Executive Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Brian Andrew Kane

Chief Financial Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Christopher Howal Hunter

Segment President, Group Business

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Timothy Alan Wheatley

Segment President, Retail

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Charles Wilbur Dow, Jr.

Regional President

Primary Address

550 West Adams Street
Chicago, Illinois 60661

Jeffrey Carl Fernandez

Senior Vice President, Medicare West and MarketPOINT

Primary Address

One Galleria Blvd., Suite 1200
Metairie, Louisiana 70001

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.	
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Mark Matthew Matzke

Senior Vice President, Employer Group and Specialty

Primary Address

1100 Employers Boulevard
DePere, Wisconsin 54115

Steven Edward McCulley

Senior Vice President, Medicare

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Sean Joseph O'Reilly

Senior Vice President, Enterprise Compliance and Chief Compliance Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Vanessa Marie Olson

Senior Vice President, Chief Actuary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Richard Donald Remmers

Senior Vice President, Employer Group Sales

Primary Address

500 West Main Street
Louisville, Kentucky 40202

George Renaudin, II

Senior Vice President, Medicare East & Provider

Primary Address

302 Seven Springs Way
Suite 200
Brentwood, Tennessee 37037

Donald Hank Robinson

Senior Vice President, Tax

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Gilbert Alan Stewart

Senior Vice President, Medicare Divisional Leader

Primary Address

100 Mansell Court E., Suite 400
Roswell, Georgia 30076

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Richard Andrew Vollmer, Jr.

Senior Vice President, Medicare Divisional Leader

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Cynthia Hillebrand Zipperle

Senior Vice President, Chief Accounting Officer & Controller

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Alan James Bailey

Vice President and Treasurer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Douglas Allen Edwards

Vice President

Primary Address

500 W. Main St.
Louisville, Kentucky 40202

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Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

William Mark Preston

Vice President, Investments

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Ralph Martin Wilson

Vice President

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Andrew Joseph Besendorf, III

Appointed Actuary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Courtney Danielle Durall

Senior Legal Professional & Assistant Corporate Secretary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

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OFFICE
HUMAN
BENEFIT
PLAN OF
ILLINOIS
INC.

Directors/Officers Report

Humana Benefit Plan of Illinois, Inc.

Joseph Matthew Ruschell

Assistant General Counsel & Assistant Corporate Secretary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

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STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



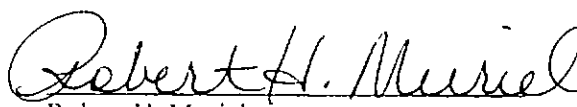
WHEREAS, Humana Benefit Plan of Illinois, Inc., located at Peoria, in the State of Illinois was incorporated pursuant to the provisions of the "*Illinois Insurance Code*" applicable to said Company.

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois do hereby certify that the said Company is authorized to transact its appropriate business as set forth under Clause(s) (a) Life and (b) Accident & Health of Class 1 of Section 4 of the "*Illinois Insurance Code*" in this State, in accordance with the laws thereof.

I further certify that the above Company is authorized to transact its appropriate business as set forth in the "Health Maintenance Organization Act" (HMO) in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

Date: November 13, 2019


Robert H. Muriel
Director of Insurance



Certificate of Compliance

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