# F210000011677

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	,
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
	05	Salvi.
M310	000	24038

Office Use Only



200359786572

02/12/21--01028--017 \*\*87.50

# COVER LETTER .

<b>TO:</b> Registration Section Division of Corporation	ons		
SUBJECT: Mulberry Manage	ement Corporation		
30 <b>0</b> ,000	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by "Certificate of Existence," or above referenced foreign corp	*Certificate of Good Stan	ding" and check are subm	
Please return all corresponden	ce concerning this matter	to the following:	
Casey Dennison			
	Name of	Person	
Oscar Health, Inc.			
	Firm/Con	pany	
75 Varick Street, 5th Floor			
	Addr	288	
New York, NY 10013			
	City/State a	nd Zip code	
corporate@hioscar.com			
E-r	nail address: (to be used)	for future annual report no	tification)
For further information conce	ming this matter, please o	rall:	-1
Casey Dennison	301	919-7864	
Name of Person	Area Cod	) 919-7864 e Daytime Telepho	ne Number
STREET/COURIER Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ons ssee t. Suite 810	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	LORIDA DEPARTMENT	OF STATE  3 \$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.

		NO CONTRACTOR OF CONTRACTOR OF THE CONTRACTOR OF	
	orporation: must include "INCORPORATEI orp," "Inc," "Co," or "Corp,")	)," "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bus	siness in Florida)
Delaware 3. (State or country under the law of which it is incorporated)		47-3979452	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)
August 11, 2014	5		
(Date	of incorporation) 5	(Date of duration, if other than p	perpetual)
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
75 Varick Street.	5th Floor, New York, NY 10013		
	(Principal o	fice street address)	
75 Varick Street.	5th Floor, New York, NY 10013		
	(Current mail	ing address, if different)	
	et address of Florida registered agent: (P		
Name and stree			
Name and stree	CT Corporation System		~;
Name:		<del></del>	~;
Name:	CT Corporation 5954em 1200 South Pine Island Road		~; ·
Name:	CT Corporation 5954em 1200 South Pine Island Road	, Florida 33324(Zip code)	
Name: ffice Address:	CT Corporation System  1200 South Pine Island Road  Plantation  (City)		
Name: ffice Address: <b>Registered ag</b>	CT Corporation 5954em 1200 South Pine Island Road	, Florida 33324 (Zip code)	.:
Name: Fice Address:  Registered agaving been nansignated in this	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ned as registered agent and to accept ser application, I hereby accept the appoin	, Florida 33324 (Zip code)  vice of process for the above stated cortment as registered agent and agree to	poration at the pla act in this capacity
Name:  ffice Address:  Registered agaving been nansignated in this rther agree to c	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	. Florida 33324 (Zip code) vice of process for the above stated cortment as registered agent and agree to relative to the proper and complete pe	poration at the pla act in this capacity
Name: ffice Address:  Registered ag aving been nan esignated in this rther agree to c	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance:  ned as registered agent and to accept ser application, I hereby accept the appoin	. Florida 33324 (Zip code) vice of process for the above stated cortment as registered agent and agree to relative to the proper and complete pe	poration at the pla act in this capacity
Name:  ffice Address:  Registered ag aving been nan esignated in this orther agree to c	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	. Florida 33324 (Zip code) vice of process for the above stated cortment as registered agent and agree to relative to the proper and complete pe	poration at the pla act in this capacity
Name: ffice Address:  Registered ag faving been nan esignated in this arther agree to c	CT Corporation System  1200 South Pine Island Road  Plantation  (City)  ent's acceptance: ned as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statutes	Thorida 33324  (Zip code)  vice of process for the above stated cortinent as registered agent and agree to relative to the proper and complete perosition as registered agent.	poration at the pla act in this capacity

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

#### A. DIRECTORS Mario Schlosser Joel Klein Name: \_\_\_\_ □ Chairman □Chairman 75 Varick Street 75 Varick Street □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman Address: New York, NY 10013 New York, NY 10013 ■ Director ■ Director President President □ Vice President □ Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary ■Other \_ CPSO ■Other □Other \_\_\_\_\_\_ □Other \_ \_ \_ \_ \_ \_ Siddhartha Sankaran Name: \_\_\_\_ □ Chairman □Chairman 75 Varick Street 75 Varick Street □ Vice Chairman Address: Address: □ Vice Chairman New York, NY 10013 New York, NY 10013 ■ Director ■ Director President President □Vice President \_\_\_\_\_ □Vice President □Treasurer □ Secretary □ Treasurer □ Secretary ■Other \_\_\_\_ □Other \_\_\_\_\_ □Other □Other \_\_ \_ \_ \_ \_ Jed Feldman Name: Name: Kareem Zaki □ Chairman □ Chairman 75 Varick Street 75 Varick Street □Vice Chairman Address: Address: □ Vice Chairman New York, NY 10013 New York, NY 10013 ■ Director ■ Director □President □ President □Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Hardd Grenberg 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.

Harold Greenberg

### A. Directors (Continued)

Meghan Joyce - COO 75 Varick Street, New York, NY 10013

Isaac Councill - CTO 75 Varick Street, New York, NY 10013

Dennis Weaver –Director 75 Varick Street, New York, NY 10013



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MULBERRY MANAGEMENT CORPORATION" 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 TENTH DAY OF MARCH, A.D.

2021.

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

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

N soco delavare gov/avi

Authentication: 202701653

Date: 03-10-21



February 20, 2021

CASEY DENNISON 75 VARICK STREET 5TH FLOOR NEW YORK, NY 10013 US

SUBJECT: OSCAR INSURANCE CORPORATION

Ref. Number: W21000024038

We have received your document for OSCAR INSURANCE CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The cover letter also shows a differ business name than what is listed on line 1 of the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 821A00003839

RECEIVED

MAR 1 2 2027