

F21000002347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

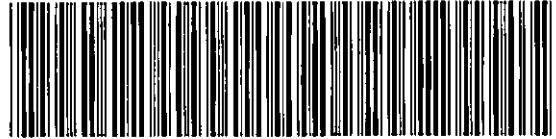
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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SECRETARY OF STATE  
FBI AND SEC. OFFICE

APR 30 2021

M. SOLOMON

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

ACCOUNT NO. : I20000000195

REFERENCE : 766919 4352697

AUTHORIZATION :

COST LIMIT : \$ 787.75

ORDER DATE : April 15, 2021

ORDER TIME : 8:55 AM

ORDER NO. : 766919-005

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: EMPHESYS INSURANCE COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY  
XX \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emphesys Insurance Company

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

2214 Mahan Drive

Address

Louisville, KY 40299

City/State and Zip code

jwebb@humana.com

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

For further information concerning this matter, please call:

Jennifer G. Webb

at ( 502 ) 594-9880

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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**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. Emphesys Insurance Company  
(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. Texas 3. 31-0935772  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 13, 1978 5. \_\_\_\_\_  
(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)

7. 1221 S. Mo Pac Expressway, Suite 300, Austin, Texas 78746-7625  
(Principal office street 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: Chief Financial Officer  
Office Address: 200 E. Gaines Street  
Tallahassee, Florida 32399  
(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.*

\_\_\_\_\_  
(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.

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

2021 APR 20 AM 9:13

**A. DIRECTORS**

☐ Chairman Name: See Attached List

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

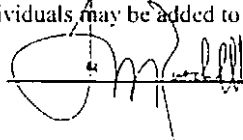
☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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.

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, Associate Vice President, Assistant General Counsel & Corporate Secretary

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

2021 APR 20 AM 5:13

## Directors/Officers Report

### Emphesys Insurance Company

#### Bruce Dale Broussard

##### *Director*

###### Primary Address

500 West Main Street  
Louisville, Kentucky 40202

#### Brian Andrew Kane

##### *Director*

###### Primary Address

500 West Main Street  
Louisville, Kentucky 40202

#### Christopher Howal Hunter

##### *Director*

###### Primary Address

500 West Main Street  
Louisville, Kentucky 40202

#### Steven Edward McCulley

##### *Director*

###### Primary Address

500 West Main Street  
Louisville, Kentucky 40202

#### Timothy Alan Wheatley

##### *Director*

###### Primary Address

500 West Main Street  
Louisville, Kentucky 40202

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## Directors/Officers Report

### Empheys Insurance Company

#### 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

##### **Timothy Alan Wheatley**

*Segment President, Retail*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

##### **Matthew George Moore**

*Regional President*

Primary Address

100 Mansell Court East, Suite 400  
Roswell, Georgia 30076

##### **Steven Edward McCulley**

*Senior Vice President, Medicare*

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

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70-015-0000  
10-21

**EmpheSys Insurance Company**



## Directors/Officers Report

### Emphesys Insurance Company

**Andrew Joseph Besendorf, III**

***Appointed Actuary***

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

**Courtney Danielle Durall**

***Assistant Corporate Secretary and Legal Advisor***

Primary Address

500 West Main Street  
Louisville, Kentucky 40202

2021 APR 20 AM 9:13  
10.2.21  
10.2.21



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | [tdi.texas.gov](http://tdi.texas.gov)

STATE OF TEXAS §

§

COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

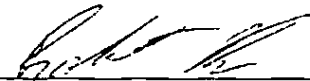
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Current certificate of authority for EMPHESYS INSURANCE COMPANY, Austin, Texas, dated August 8, 2000.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 19<sup>th</sup> day of April, 2021.



COMMISSIONER OF INSURANCE

BY: 

Robert Rudnai

Manager

Company Licensing and Registration Office

# Texas Department of Insurance



Certificate No. 12600

Company No. 01-094537

## Certificate of Authority

THIS IS TO CERTIFY THAT

EMPHESYS INSURANCE COMPANY

AUSTIN, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Life; Accident and Health

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of  
office at Austin, Texas, this

8th day of August A.D. 2000

JOSE MONTEMAYOR  
COMMISSIONER OF INSURANCE

BY

*Godwin Ohaechesi*

Godwin Ohaechesi, Director  
Company Licensing & Registration