

5/21/21

Division of Corporations

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Division of Corporations
 Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATION

Sanford Health Plan, Inc

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

5/21/21
 5/24/21

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. Sanford Health Plan, Inc.

(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. South Dakota 3. 91-1842494
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/30/1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 300 Cherapa Place, Suite 201, Sioux Falls, South Dakota 57103, United States
(Principal office street address)

(Current mailing address, if different)

8. Health plans and coverage
(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: C T 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.

C T Corporation System

By:



Lisa D. DuBois, 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.

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

A. DIRECTORS

☒ Chairman Name: Steven Walkins
☐ Vice Chairman Address: 300 Cherapa Place, Suite 201
☐ Director Sioux Falls, South Dakota 57103
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Larry Heidebrink
☒ Vice Chairman Address: 300 Cherapa Place, Suite 201
☐ Director Sioux Falls, South Dakota 57103
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Micah Aberson
☐ Vice Chairman Address: 300 Cherapa Place, Suite 201
☒ Director Sioux Falls, South Dakota 57103
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sheila Boermann
☐ Vice Chairman Address: 300 Cherapa Place, Suite 201
☒ Director Sioux Falls, South Dakota 57103
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: John Snyder
☐ Vice Chairman Address: 300 Cherapa Place, Suite 201
☐ Director Sioux Falls, South Dakota 57103
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Bill Gussen
☐ Vice Chairman Address: 300 Cherapa Place, Suite 201
☒ Director Sioux Falls, South Dakota 57103
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Executive ☐ Other: _____

NOTE: 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.

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

14. John Snyder, President
 (Typed or printed name and capacity of person signing application)

Attachment to**Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida**

12. For initial indexing purposes, list names, titles and addresses of the primary officer and/or directors:

Name	Title	Address
Heath Brower	Director	300 Cherapa Place, Suite 201, Falls, SIOUX FALLS, South Dakota 57103
Lori DeVries	Director	300 Cherapa Place, Suite 201, Falls, SIOUX FALLS, South Dakota 57103
Jerry Fromm	Director	300 Cherapa Place, Suite 201, Falls, SIOUX FALLS, South Dakota 57103
Larry Heidebrink	Director	300 Cherapa Place, Suite 201, Falls, SIOUX FALLS, South Dakota 57103

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Nonprofit Corporation

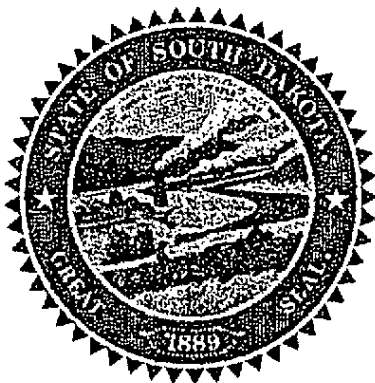
I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

SANFORD HEALTH PLAN

Business ID: NS010826

was authorized to transact business in this state on: July 30, 1997.

I, further certify that **SANFORD HEALTH PLAN** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused to be
affixed the Great Seal of the State of South
Dakota, in Pierre, the Capital City, this day,
May 21, 2021.

Steve Barnett

Steve Barnett
Secretary of State

05/21/2021 7:43 AM

Verification #: 014501918