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K. Brumley

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/30/2022

Acc#I20160000072

*en: c DW*

Name:	Care Improvement Plus South Central Insurance Company
Document #:	
Order #:	14647418

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Amount: \$ 78.75

Thank you!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Care Improvement Plus South Central 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:

Karen A. Fallstrom

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

karen.fallstrom@uhg.com

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

For further information concerning this matter, please call:

Karen A. Fallstrom

at ( 952 ) 936-1665

\_\_\_\_\_  
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

**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. Care Improvement Plus South Central 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. Nebraska 3. 20-3888112  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/01/2022 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. 2717 N. 118th Street, Omaha, NE 68164  
(Principal office street address)  
9800 Health Care Lane, Minnetonka, MN 55343  
(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: Department of Financial Services  
200 E. Gaines St  
Tallahassee FL 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.*

Chief Financial Officer, Department of Financial Services

By: \_\_\_\_\_  
(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]:

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AND  
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: Michael J. Grossman  
☐ Vice Chairman Address: 9800 Health Care Lane  
☒ Director Minnetonka, MN 55343  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Peter A. Semmer  
☐ Vice Chairman Address: 9800 Health Care Lane  
☒ Director Minnetonka, MN 55343  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

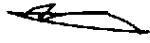
☐ Chairman Name: Craig A. Stillman  
☐ Vice Chairman Address: 9800 Health Care Lane  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Matthew W. Milam  
☐ Vice Chairman Address: 2717 N. 118th Street  
☒ Director Omaha, NE 68164  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Jeffrey S. Staffor  
☐ Vice Chairman Address: 2717 N. 118th Street  
☒ Director Omaha, NE 68164  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Suha H. Assi  
☐ Vice Chairman Address: 10 Cadillac Drive  
☐ Director Brentwood, TN 37027  
☒ 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. Heather A. Lang, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

## Care Improvement Plus South Central Insurance Company

### List of Additional Officers

Name	Title	Address
Peter M. Gill	Treasurer	9900 Bren Road East Minnetonka, MN 55343
Jessica L. Zuba	Secretary	9800 Health Care Lane Minnetonka, MN 55343
Heather A. Lang	Assistant Secretary	9900 Bren Road East Minnetonka, MN 55343
Nyle Brent Cottingham	Vice President	9800 Health Care Lane Minnetonka, MN 55343

# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska               }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

**CARE IMPROVEMENT PLUS SOUTH CENTRAL INSURANCE  
COMPANY**

incorporated on September 28, 2022 and is duly incorporated under the law  
of Nebraska;

that no occupation taxes due from and assessable against the Corporation are  
unpaid and have become delinquent;

that no annual or biennial report required to be forwarded by the  
Corporation to the Secretary of State has become delinquent;

that Articles of Dissolution have not been filed.

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

November 29, 2022



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State