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Division of Corporations

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Coventry Health Care of Illinois, Inc.

Certificate of Status	0
Certified Copy	1
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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. Coventry Health Care of Illinois, Inc.
(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. Illinois 3. 37-1241037
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/18/1988 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not applicable
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3200 Highland Avenue, Downers Grove, IL 60515
(Principal office street address)
151 Farmington Avenue, RW61, Hartford, CT 06156
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer - FLORIDA

Office Address: 200 East Gaines Street, Larson Building

Tallahassee , Florida 32399-0300
(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]:

A. DIRECTORS

☐ Chairman Name: James B. Boyman
☐ Vice Chairman Address: 3200 Highland Avenue
☒ Director Downers Grove, IL 60515
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kimara L. Kresin
☐ Vice Chairman Address: 3200 Highland Avenue
☒ Director Downers Grove, IL 60515
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Todd R. Lazar
☐ Vice Chairman Address: 3200 Highland Avenue
☒ Director Downers Grove, IL 60515
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

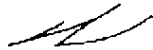
☐ Chairman Name: Michael S. Portnoy
☐ Vice Chairman Address: 3200 Highland Avenue
☒ Director Downers Grove, IL 60515
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Tracy L. Smith
☐ Vice Chairman Address: 3200 Highland Avenue
☐ Director Downers Grove, IL 60515
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Edward C. Lee
☐ Vice Chairman Address: 3200 Highland Avenue
☐ Director Downers Grove, IL 60515
☐ President _____
☒ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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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. Edward C. Lee, Vice President and Secretary

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

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



WHEREAS Coventry Health Care of Illinois, Inc., located in the county of DuPage 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 Insurance Company is in compliance with the "Illinois Insurance Code" and with pertinent Illinois Regulations; and is authorized to transact its appropriate insurance business as set forth under **Clauses (b) Accident and 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 in compliance with and authorized under the "Health Maintenance Organization Act" (HMO) in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

Date: October 26, 2023



Dana Popish Severinghaus
Dana Popish Severinghaus
Director of Insurance

Certificate of Compliance