PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

	LIENSE VEND	ALL INSTI	RUUII	ONS BEFORE C	ONFLETI	NG IN	13 FORIV	١.		
REINSTATEMENT				TMENT OF STATE of State orporations	FILED 06 JUN 14 FII 3: 20					
DOCU	JMENT # F98006	TALL TO ELECTION								
Independence Healthcare Management, Inc.										
2. Principal Office Address 1901 Market St. 3. Mailing 1901				s St., 36th Fl.	REINSTATE					
			ite, Apt. #, etc. ubsidiary Board Administrator			4. Date Incorporated or Qualified To Do Business in Florida 05/12/1998				
Phila	delphia, PA	Philad	lelph	ia, PA	5. FEI Number 232671650			<u>п</u>	pplied For	
^{zip} 19103	3-1480 Philadelphia	^{zip} 19103-	1480	Philadelphia	6. CERTIFICATE	OF STATUS	DESIRED S		al Fee require	
7. Name and Address of Current Registered Agent										
	Name	System								
	Street Address (P.O. Box Number is No	Square	Blvd							
	Suite, Apt. #, Etc.			101	000076388850 05/20/46-F0266-205_19/451.75					
	City			hassee		FL	2 Zip Code 32	23011	59.75	
8. I, being Signature o	appointed the registered agent of the about		ration, am f	amiliar with Art Mochit MVI Assistant Vice	⊌ե∔AMS ան e President	on 607.0505 L	1			
Registered	Agent QLAND:	GISTERED AGE	ENT MUST	SIGN		Date	due	13,20°	<u> </u>	
9. Names	and Street Addresses of Each Officer and	/or Director (Flor	rida nonpro	fit corporations must list at le	ast 3 directors)	PLEASE S	SEE ATTAC	HED.		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip					
D/C/P/CEO	Joseph A. Frick	1901 Market St.			Philadelphia, PA 19103-1480					
D/EVP/COO	Christopher D. Bu	1901 Market St.			Philadelphia, PA 19103-1480					
D/\$VP	John A. Daddis			1901 Market St.			Philadelphia, PA 19103-1480			
D/CFO/T	John G. Foos			1901 Market St.			Philadelphia, PA 19103-1480			
SVP/GC/S	Paul A. Tufano, Esq.			1901 Market St.			elphia, F	PA 1910	3-1480	
SVP	Kathleen A. McEndy			1901 Market St.			Philadelphia, PA 19103-1480			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Q1	C	N	۸	TI	10	>⊏•	

John A. Daddis, SVP, Subsi

John A. Daddis, SVP, Subsidiary Operations

215.241.2400

Daytime Phone #

Date

2083

Independence Healthcare Management, Inc.

All Directors and Officers share the street address:

1901 Market St. Philadelphia, PA 19103-1480 215.241.2400

Directors:

Joseph A. Frick Christopher D. Butler John A. Daddis John G. Foos

Officers:

Joseph A. Frick Christopher D. Butler John A. Daddis Christopher Cashman John G. Foos Allan B. Goldstein, MD Kathleen A. McEndy Robert A. McKeown Donna O. Moore Gary M. Owens, MD Richard L. Snyder, MD Paul A. Tufano, Esq. I. Steven Udvarhelyi, MD Paul Urick Chairman, President and Chief Executive Officer
Executive Vice President and Chief Operating Officer
Senior Vice President, Subsidiary Operations
Senior Vice President, Corporate & Public Affairs
Chief Financial Officer and Treasurer
Vice President and Regional Medical Director
Senior Vice President, Human Resources and Administration
Senior Vice President, Provider Contracting and Services
Senior Vice President, Provider Contracting and Networks
Vice President, Medical Management and Policy
Vice President, Quality Management
Senior Vice President, General Counsel and Corporate Secretary
Senior Vice President & Chief Medical Officer
Vice President, Pharmacy Services

INDEPENDENCE HEALTHCARE MANAGEMENT, INC.

1901 Market St. Philadelphia, PA 19103-1480 215.241.2400

June 13, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Please accept the enclosed check, issued in the amount of \$458.75, as payment for the Annual Report filing fees owed by Independence Healthcare Management, Inc., a Pennsylvania Corporation, and note that the check includes the \$8.75 fee for a Certificate of Status. Also enclosed for your convenience is a prepaid, FedEx return envelope.

In accordance with the filing instructions, please waive the reinstatement fee; the Annual Report Form for 2004 was never received.

Thank you for your kind consideration.

Sincerely,

Daniel Piacentino

Subsidiary Board Administrator

Independence Blue Cross Family of Companies

215.241.3781 - Office 215.241-3824 - Fax

daniel.piacentino@ibx.com

enclosures