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Requestor's Name 660 East Jefferson St	reet				
Address Tallahassee, FL 3230					
City State Zip	Phone	400 00 2741 -01/14/990	1070031		
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HIP Health Pla	ans Idc	-01/14/3301	070032		
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CR2E031 (1-89)

Acknowledgment

W.P. Verifier

AFFIDAVIT

I, ANTHONY L. WATSON, DO HEREBY CERTIFY that I am Chairman of the Boards of both HIP Health Plans of Florida and HIP Health Plans, Inc., and as such, authorize HIP Health Plans, Inc. to conduct business in the State of Florida under the name HIP Health Plans, Inc. This affidavit if filed in conjunction with the Department of State, Division of Corporations' consideration of HIP Health Plans, Inc.'s pending application to register to do business as a foreign corporation in the State of Florida (Reference No. W99000001074).

Date: February 1, 1999

Anthony L. Watson

STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 1st day of February 1999, by Antho L. Watson who is personally known to me.

Signature of Notary Public - State of Florida

Commissioned:

Tank *

SHARON WHITE My Commission CC498376 Expires Sep. 27, 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 14, 1999

CT CORPORATION SYSTEM 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301

SUBJECT: HIP HEALTH PLANS, INC.

Ref. Number: W99000001074

We have received your document for HIP HEALTH PLANS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist

Letter Number: 199A00001982

BINISIUN OF CORPORATION

99 FEB 10 ANII: 53

OIVIS TO THE STATE

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.	HIP Health Plans, Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATED" or abbreviations of like import in language as will clearly indicate that it is a corporate natural person or partnership if not so contained in the name at present.)	ORATION" or tion instead of a
2.	(State or country under the law of which it is incorporated) 3. (FEI number	, if applicable)
4.	May 28, 1998 (Date of Incorporation) (Duration: Year corp. will c "perpetual")	case to exist or
6.	Upon qualification (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.	155, F.S.)
7.		- 70 U
	New York, NY 10001 (Cucret mailing address)	EB = 34 F
8.	To conduct any lawful business, to promote any lawful purpose, and to engage activity for which corporations may be organized under the General Corporation Delaware [Purpose(s) of corporation authorized in home state or country to be carried out in the state	n Law <u>-of</u> the State of
9.	. Name and street address of Florida registered agent: (P.O. Box or Mail D acceptable)	ლ ჵო
	Name: Gerald Cohen, Esq.	
	Office Address: 300 South Park Road	
	Hollywood , Florida,	33021
10	0. Registered agent's acceptance:	Zap Cooc)
co reg all an	laving been named as registered agent and to accept service of process for or poration at the place designated in this application. I hereby accept the egistered agent and agree to act in this capacity. I further agree to comply will statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent. (Registered agent's signature) 1. Attached is a certificate of existence duly authenticated, not more than 90 days and this application to the December of State by the Sacretary of State by the	he appointment as th the provisions of I am familiar with vs prior to
	delivery of this application to the Department of State, by the Secretary of State official having custody of corporate records in the jurisdiction under the law of the secretary of the secretary of State.	ne or other f which it is

PLANT - CT Systom Onlin

incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY-P.O. Box NOT acceptable)

Chairman:	Anthony L. Watson	-	<u> </u>		
Address: _	HIP Health Plans, Inc.	7 West 34th Street	<u> </u>		
_		New York, NY 1000			 .
Vice Chair	man: None		=		·
Address: _					
- - Director:	Daniel T. McGowan		_		
\ddress: _	HIP Health Plans, Inc.,	7 West 34th Street	-	······································	 -
_		New York, NY 10001	· ————		 -
Director:	Michael D. Fullwood				
_	HIP Health Plans, Inc.,	7 West 34th Street	-		
		New York, NY 10001	-		
e addendur . OFFIC	A for additional directors ERS (Street address only-P. O	. Box NOT acceptable)	±		
	Daniel T. McGowan		-	99	0 ∑
***************************************			-	<u> </u>	Ca
ddress.	See Above		<u> </u>		1',
ddress: _	See Above		<u></u>	<u> </u>	A A
-				I O PM	TO VINCE
- vice Presid	lent: David S. Abernethy - Senior	Vice President		0	TARY OF STAT
- vice Presid		Vice President		I O PM	TARY OF STATE
- fice Presid ddress: _	lent: David S. Abernethy - Senior	Vice President 7 West 34th Street		10 PM 2: 3	TARY OF STATE
- ice Presid ddress: ecretary:	Ment: David S. Abernethy - Senior HIP Health Plans Inc.,	Vice President 7 West 34th Street New York, NY 10001		0 PM 12: 36	
ice Presid	Michael D. Fullwood	Vice President 7 West 34th Street New York, NY 10001		10 PH 12: 36	
ice Presid	Michael D. Fullwood	Vice President 7 West 34th Street New York, NY 10001 7 West 34th Street		10 PH 12: 36	

ADDENDUM A ADDITIONAL DIRECTORS

Steven S. Titan HIP Health Plans, Inc. 7 West 34th Street New York, NY 10001

Michael F. Montijo HIP Health Plans, Inc. 7 West 34th Street New York, NY 10001

ADDENDUM B ADDITIONAL OFFICERS

Arthur H. Barnes - Senior Vice President HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	
Fred Blickman - Senior Vice President HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	_
Allan R. Glick - Senior Vice President and Chief Marketing Officer HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	
Ronald Maiorana - Senior Vice President HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	_
Michael F. Montijo - Senior Vice President and Chief Medical Officer HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	
Leslie Strassberg - Senior Vice President HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	-
Steven S. Titan - Senior Vice President and Chief Financial Officer HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	-
Giri R. Vuppala - Senior Vice President HIP Health Plans, Inc. 7 West 34 th Street New York, NY 10001	

State of Delaware

PAGE

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HIP HEALTH PLANS, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF
JANUARY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



Edward J. Freel, Secretary of State

AUTHENTICATION:

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DATE:

01-13-99