1 of 3

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K96499

1. Corporation Name

LIFECARE HEALTH INSURANCE PLANS INC.

REINSTATEMENT 07-08

2. Principal Office Address	3. Mailing Office Address
33 N. Central Avenue	33 N. Central Avenue
Suite, Apt. # etc. Suite 317	Suite, Apt. # etc. Suite 317
City & State Medford, OR	City & State Medford, OR
Zip 97501 Country USA	Zip 97501 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/19/1989

5. F.E.I. Number 65-0131872 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: Troy Todd as its agent — REGISTERED AGENT MUST SIGN Date: 2/5/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas A. Skiff	33 N. Central Ave., Ste. 317	Medford, OR 97501
D	Richard Pitbladdo	33 N. Central Ave., Ste. 317	Medford, OR 97501
D	Mark Dinsmore	33 N. Central Ave., Ste. 317	Medford, OR 97501
	Officers - See attached listing.		

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 filing 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.

SIGNATURE: Daniel G. Schmedlen, Jr. VP 02/05/2008 561.646.2323

SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LIFECARE HEALTH INSURANCE PLANS INC.

FLORIDA DOCUMENT NUMBER: K96499

LIST OF OFFICERS

Title	Name and Mailing Address
President	Thomas A. Skiff 33 N. Central Ave., Ste. 317 Medford, OR 97501
Vice President	Richard Pitbladdo 33 N. Central Ave., Ste. 317 Medford, OR 97501
Vice President	Mark Dinsmore 33 N. Central Ave., Ste. 317 Medford, OR 97501
Vice President	Daniel G. Schmedlen, Jr. 33 N. Central Ave., Ste. 317 Medford, OR 97501
Treasurer	David Yost 33 N. Central Ave., Ste. 317 Medford, OR 97501
Secretary	Nancy Taylor 33 N. Central Ave., Ste. 317 Medford, OR 97501
Assistant Secretary	Richard Pitbladdo 33 N. Central Ave., Ste. 317 Medford, OR 97501
Assistant Secretary	Daniel G. Schmedlen, Jr. 33 N. Central Ave., Ste. 317 Medford, OR 97501

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Florida Department of State

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CORPORATION REINSTATEMENT

LIFECARE HEALTH INSURANCE PLANS INC.

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