

M09000000070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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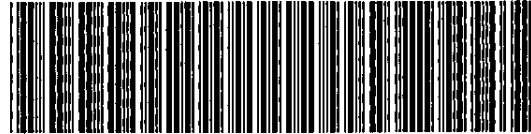
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY 27 PM 12:25

T. HAMPTON

MAY 31 2011

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Network Insurance Senior Health Division ALG, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon A Owens  
Name of Person

AIA  
Firm/Company

2536 Countryside Blvd., Suite 501  
Address

Clearwater, FL 33763  
City/State and Zip Code

sowens@aiasvcs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Owens at ( 727 ) 216-0859  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: Network Insurance Senior Health Division ALG, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 01/06/2009

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_

5. New name of the limited liability company: \_\_\_\_\_  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_

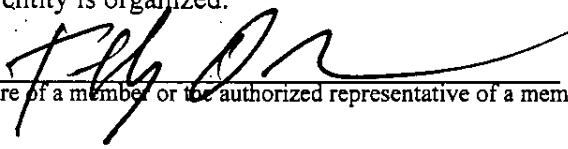
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: Employer Identification Number should be \_\_\_\_\_

26-3839417

Employer Identification Number:  
26-3839417

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

Timothy O North                      Manager  
Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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