

P110000079172

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

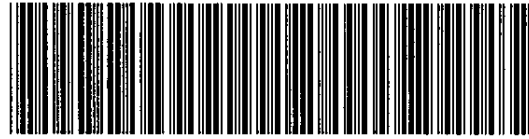
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Articles of
Correction

09/30/11--01008--005 **35.00

FILED
2011 SEP 30 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1002
10/5/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Health First Insurance, Inc.
Name of Corporation

DOCUMENT NUMBER: P11000079172

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Nowakowski
Name of Contact Person

Health First, Inc.
Firm/Company

6450 US Highway 1
Address

Rockledge, FL 32955
City/State and Zip Code

kimberly.nowakowski@health-first.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Nowakowski at (321) 434-4378
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED

ARTICLES OF CORRECTION

for

2011 SEP 30 PM 4:03

Health First Insurance, Inc. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name of Corporation as currently filed with the Florida Dept. of State

P11000079172

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation,
(Document Type Being Corrected)

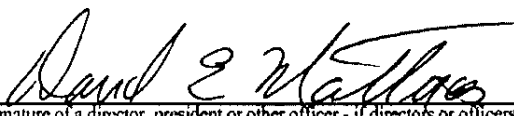
filed with the Department of State on September 7, 2011,
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

The Articles do not contain the Office of Insurance Regulation's "Approved" stamp.

Correct the inaccuracy, incorrect statement, or defect:

The attached Articles are identical to those filed on September 7, 2011, except that
these contain the Office of Insurance Regulation's "Approved" stamp.


(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

David E. Mathias

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

Filing Fee: \$35.00

APPROVED

ARTICLES OF INCORPORATION

SEP 08 2011

HEALTH FIRST INSURANCE, INC.
[a corporation for profit]

Docketed by: *Seena J...*

The undersigned five (5) incorporators, natural persons over the age of 18 years, competent to contract, hereby form a corporation under Chapter 607 and 628.081 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be HEALTH FIRST INSURANCE, INC. The address of the principal office of this corporation shall be 6450 U.S. Highway 1, Rockledge, Brevard County, Florida 32955 and the mailing address shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation, more specifically, to form, operate, manage or own a stock insurer insurance company pursuant to the Florida Insurance Code, Title XXXVII, Florida Statutes (2010), to include obtaining an indemnity license(s) for the purpose of offering and selling Medicare Supplemental Insurance, also known as "Medigap Insurance", and other health insurance products as the board determines may be appropriate.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 6450 U.S. Highway 1, Rockledge, Florida 32955 and the name of the initial registered agent of the corporation at that address is David E. Mathias.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. DIRECTORS

This corporation shall have at least five (5) directors initially. The corporation may have up to thirteen (13) directors. Members of the Board of Directors shall be elected and hold office in accordance with the corporate bylaws.

ARTICLE VII. INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation are:

Margaret Haney
6450 US Highway 1
Rockledge, FL 32955

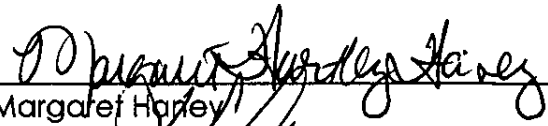
Larry F. Garrison
6450 US Highway 1
Rockledge FL 32955

Robert C. Galloway
6450 US Highway 1
Rockledge, FL 32955

David E. Mathias
6450 US Highway 1
Rockledge, FL 32955

James Beerman
6450 US Highway 1
Rockledge, FL 32955

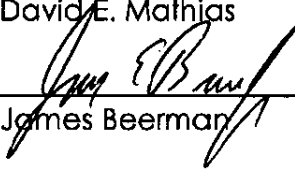
IN WITNESS WHEREOF, the undersigned have set their hands and seals on
September 16, 2011.


Margaret Haney


Larry F. Garrison

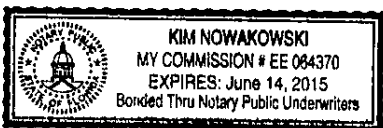

Robert C. Galloway


David E. Mathias


James Beerman

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Margaret Haney, who is personally known to me or who produced identification, who executed the foregoing instrument and acknowledged to and before me she executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 16 day of September, 2011.



NOTARY PUBLIC:

A handwritten signature in dark ink, appearing to be "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Larry F. Garrison, who is personally known to me or who produced identification, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 12 day of September, 2011.



NOTARY PUBLIC:

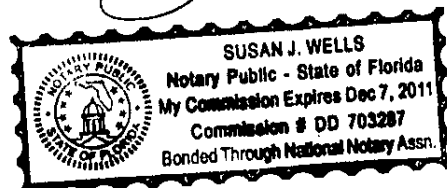
A handwritten signature in dark ink, appearing to be "Kim Nowakowski", written over a horizontal line.

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared Robert C. Galloway, who is personally known to me or who produced identification, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 9th day of September, 2011.

NOTARY PUBLIC:

A handwritten signature in dark ink, appearing to be "Susan J. Wells", written over a horizontal line.

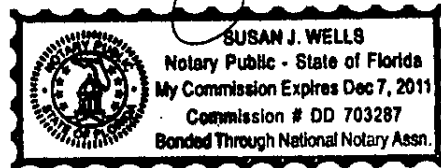


STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared David E. Mathias, who is personally known to me or who produced identification, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 9th day of September, 2011.

NOTARY PUBLIC:

Susan J. Wells

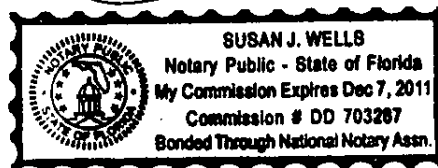


STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME personally appeared James Beerman, who is personally known to me or who produced identification, who executed the foregoing instrument and acknowledged to and before me he executed said instrument for the purposes therein expressed. WITNESS my hand and official seal this 13th day of September, 2011.

NOTARY PUBLIC:

Susan J. Wells



ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF
INCORPORATION OF HEALTH FIRST INSURANCE, INC.

Having been named as registered agent and to accept service of process for HEALTH FIRST INSURANCE, INC., the above-stated corporation, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent under Section 607.0505, Florida Statutes.

A handwritten signature in cursive script, reading "David E. Mathias", written over a horizontal line.

David E. Mathias
6450 U.S. Highway 1
Rockledge, Florida 32955
Tel (321) 434-4355