

P12000100130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

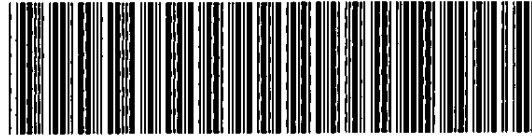
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700242199517

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

NOV 24 2012
10:40 AM
SUFFICIENCY OF FILING

2012 DEC -7 PM 2:00

FILED

SECRETARY OF STATE
TALL MADISON ST. 100
MONTGOMERY AL 36103

12 DEC -7 PM 3:08

T. Burch DEC 10 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 449676 7354150

AUTHORIZATION : *Spudde man*

COST LIMIT : \$128.75

ORDER DATE : December 7, 2012

ORDER TIME : 11:35 AM

ORDER NO. : 449676-005

CUSTOMER NO: 7354150

DOMESTIC FILING

NAME: HEALTHPLAN SERVICES INSURANCE
AGENCY, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT. 52920

EXAMINER'S INITIALS: _____

CERTIFICATE OF DOMESTICATION

The undersigned, KAREN W. MULROE, Senior Vice President
(Name) (Title)

of HealthPlan Services Insurance Agency, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was February 10, 1972.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Commonwealth of Massachusetts.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was HealthPlan Services Insurance Agency, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is HealthPlan Services Insurance Agency, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Massachusetts.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Senior V.P., of HealthPlan Services Insurance Agency, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 3rd day of December, 2012.

Karen Mulroe
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

FILED
12 DEC -7 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **HealthPlan Services Insurance Agency, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3501 Frontage Road
Tampa, FL 33607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All corporate purposes permissible under the Florida Business Corporation Act.

FILED
12 DEC -7 PM 3:03
TAMPA, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares of common stock at a par value of \$0.01.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Bak, D, CEO
Address: 3501 Frontage Road
Tampa, FL 33607

Name and Title: Art Schultz, D
Address: 3501 Frontage Road
Tampa, FL 33607

Name and Title: Stephen Saft, D, EVP, CFO, CAO & T
Address: 3501 Frontage Road
Tampa, FL 33607

Name and Title: Steve Huislander, P
Address: 3501 Frontage Road
Tampa, FL 33607

Name and Title: Karen W. Mulroe, SVP, GC & S
Address: 3501 Frontage Road
Tampa, FL 33607

Name and Title: Kristin Baca, EVP & COO
Address: 3501 Frontage Road
Tampa, FL 33607

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

Name/Title: Gregg Fisher, SVP,
Controller, Asst. S
3501 Frontage Rd.
Tampa, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert H. Mace, Jr.
Address: 100 N. Tampa St., Suite 2700
Tampa, FL 33602

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Stephanie Milnes Asst. V.P.
Required Signature/Registered Agent

12/7/2012
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert H. Mace, Jr.
Required Signature/Incorporator

12/3/2012
Date