

P12000100130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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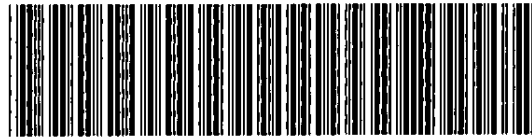
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC -7 PM 2:00  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 DEC -7 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch DEC 10 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 449676 7354150

AUTHORIZATION : *[Signature]*

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.

  
(Authorized Signature)

### Filing Fee:

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

**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.

**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