

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
Received and Filed

9/19/2023 9:58:19 AM

Fee receipt: \$90.00

Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **profit corporation**.
2. The name of the entity is: **INCLUDED HEALTH, INC.**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Delaware**.
5. The date of organization is **9/27/2011** and the period of duration is **perpetual**.

7. Principal Office

One California Street, Suite 2300
San Francisco, CA 94111

8. Required Representatives

Officer	Owen Tripp	One California Street, Suite 2300	San Francisco	CA	94111
Officer	Robin Glass	One California Street, Suite 2300	San Francisco	CA	94111
Secretary	David Thompson	One California Street, Suite 2300	San Francisco	CA	94111

9. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Eric T. Moore, Assistant Secretary**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Tuesday, September 19, 2023

As the Authorized Representative, I, **David Thompson**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Secretary**