



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**1252371.09**

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ADD

**Michael G. Adams**  
**Kentucky Secretary of State**  
 Received and Filed:  
 1/11/2023 10:07 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
 P.O. Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
 (Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 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 entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company  
☐ business trust ☐ limited liability company ☐ statutory trust  
☐ limited partnership ☐ ltd cooperative association ☐ other  
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Health Plan of Nevada, Inc.  
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Nevada

5. The date of organization is 05/24/1984 and the period of duration is \_\_\_\_\_  
 (If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2720 N. Tenaya Way Las Vegas NV 89128  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512, Frankfort KY 40601  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Please see the attached

Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code
Name	Street or P.O. Box	City	State	Zip Code

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

 \_\_\_\_\_ Heather A. Lang, Assistant Secretary January 9, 2023  
 Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, \_\_\_\_\_, consent to serve as the registered agent on behalf of the business entity.  
 Type/Print Name of Registered Agent

By: C T Corporation System, Michele Miller Asst. Secretary 1/9/2023  
 Signature of Registered Agent Printed Name Title Date

Name	Title	Address Line 1	City	State	Zip
Donald J. Giancursio	President	2720 N. Tenaya Way	Las Vegas	NV	89128
Susan E. Vogel	Chief Financial Officer and Treasurer	2720 N. Tenaya Way	Las Vegas	NV	89128
Glen W. Stevens	Secretary	2720 N. Tenaya Way	Las Vegas	NV	89128
Kyle E. Clingo	Assistant Treasurer; and Vice President, Operations	2720 N. Tenaya Way	Las Vegas	NV	89128
Heather A. Lang	Assistant Secretary	9900 Bren Road East	Minnetonka	MN	55343
Zuba, Jessica Leigh	Assistant Secretary	9700 Health Care Lane	Minnetonka	MN	55343
Ehlman, Michael Anthony	Chief Information Officer	2720 N. Tenaya Way	Las Vegas	NV	89128
Tibaldi, M.D. Laurine Fleder	Chief Medical Officer	2716 N. Tenaya Way	Las Vegas	NV	89128
Howard, Laurence Stanley	Consumer Director; and Chair	2720 N. Tenaya Way	Las Vegas	NV	89129
Marc R. Briggs	Director	12921 South Vista Station Blvd	Draper	UT	84020
Kyle E. Clingo	Director	2720 N. Tenaya Way	Las Vegas	NV	89128
Donald J. Giancursio	Director	2720 N. Tenaya Way	Las Vegas	NV	89128
Shaun P. Schoener	Director	2720 N. Tenaya Way	Las Vegas	NV	89128

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH PLAN OF NEVADA, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 05/24/1984, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/09/2023.

FRANCISCO V. AGUILAR  
Secretary of State

Certificate Number: B202301093293776

You may verify this certificate  
online at <http://www.nvsos.gov>