

# State of Idaho

Office of the Secretary of State

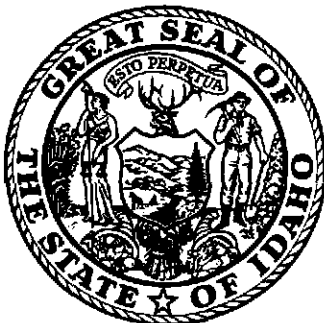
**CERTIFICATE OF AUTHORITY  
OF  
SPRINGFIELD HEALTH PLANS, INC.**

File Number C 204455

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that an Application for Certificate of Authority, duly executed pursuant to the provisions of the Idaho Business Corporation Act, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: December 24, 2014



*Ben Yursa*

SECRETARY OF STATE

By *Anna Guttessen*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2014 DEC 24 AM 11:57

The undersigned Corporation applies for a Certificate of Authority and states as follows:

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the corporation is:

Springfield Health Plans, Inc.

2. The name which it shall use in Idaho is: Springfield Health Plans, Inc.

3. It is incorporated under the laws of: Oregon

4. Its date of incorporation is: December 22, 2014

5. The address of its principal office is:

110 International Way, Springfield, OR 97477

6. The address to which correspondence should be addressed, if different from item 5, is:

PO Box 7068, Springfield, OR 97475

7. The street address of its registered office in Idaho is: 408 E. Parkcenter Blvd., Suite 100, Boise, ID

and its registered agent in Idaho at that address is: Connie Witt

8. The names and respective business addresses of its directors and officers are:

Name	Title	Business Address
<u>See attached list</u>		<u>PO Box 7068, Springfield, OR 97475</u>

Dated: 12/23/14

Signature: Kristin Kernutt

Typed Name: Kristin Kernutt

Capacity: Secretary

[The signer must be a director or an officer of the corporation.]

Customer Acct # :

(if using pre-paid account)

IDAHO SECRETARY OF STATE

Secretary of State use only

12/24/2014 05:00

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C204455

**Springfield Health Plans, Inc. Board of Directors (2014)**

<b>Name</b>	<b>Address</b>
Gould, Priscilla	PO Box 7068 Springfield, OR 97475
Pierce, Gretchen	PO Box 7068 Springfield, OR 97475

**PacificSource PCHP Executive Officers (2014)**

<b>Name</b>	<b>Address</b>	<b>Office</b>
Davidson, Peter F.	PO Box 7068 Springfield, OR 97475	Chief Financial Officer
Ewing, Tom MD	PO Box 7068 Springfield, OR 97475	Chief Medical Officer
Kernutt, Kristin E.	PO Box 7068 Springfield, OR 97475	Secretary
Provencher, Kenneth P.	PO Box 7068 Springfield, OR 97475	President and Chief Executive Officer
Sanghvi, Sujata S.	PO Box 7068 Springfield, OR 97475	Chief Administrative Officer
Stevens, Dan	PO Box 7068 Springfield, OR 97475	Chief Operating Officer

# *State of Oregon*

*OFFICE OF THE SECRETARY OF STATE  
Corporation Division*

## **Certificate of Existence 722Q696N1**

*I, Kate Brown, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:*

**SPRINGFIELD HEALTH PLANS, INC.**

*is*

**Incorporated**

*under the laws of The State of Oregon*

*and is active on the records of the Corporation Division as of the date of this certificate.*

*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*



A handwritten signature in black ink, appearing to read 'Kate Brown', is written over a horizontal line.

*Kate Brown, Secretary of State*

*12/22/2014*