

# State of Idaho

Office of the Secretary of State

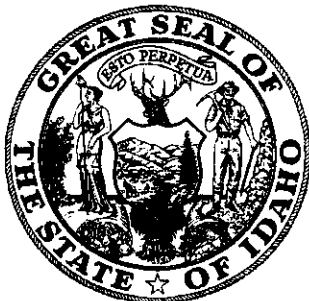
**CERTIFICATE OF AUTHORITY  
OF  
SYKES HEALTHPLAN SERVICE BUREAU, INC.**

File Number C 144772

I PETE T. CENARRUSA, 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: 19 July 2002



*Pete T. Cenarrusa*  
SECRETARY OF STATE

By *[Signature]*



# APPLICATION FOR CERTIFICATE OF AUTHORITY (For Profit)

(Instructions on Back of Application)

2002 JUL 19 AM 8:44

SECRETARY OF STATE  
STATE OF IDAHO

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

1. The name of the corporation is: Sykes HealthPlan Service Bureau, Inc.
2. The name which it shall use in Idaho is: Sykes HealthPlan Service Bureau, Inc.
3. It is incorporated under the laws of: Kentucky
4. Its date of incorporation is: Oct. 3, 1989
5. The address of its principal office is: 11405 Bluegrass Pkwy., Louisville, KY 40299
6. The address to which correspondence should be addressed, if different from item 5, is:
7. The street address of its registered office in Idaho is: 1401 Shoreline Dr., Ste. 2, Boise,  
ID, 83702 and its registered agent in Idaho at that address is: Corporation Service Company
8. The names and respective business addresses of its directors and officers are:

Name	Office	Address
<u>John D. Gannett, Jr.</u>	<u>President</u>	<u>11405 Bluegrass Pkwy., Louisville, KY 40299</u>
<u>David W. Lester</u>	<u>Vice President</u>	<u>11405 Bluegrass Pkwy., Louisville, KY 40299</u>
<u>David P. Haick</u>	<u>Secretary</u>	<u>11405 Bluegrass Pkwy., Louisville, KY 40299</u>
<u>David E. Garner</u>	<u>Director</u>	<u>11405 Bluegrass Pkwy., Louisville, KY 40299</u>
<u>Paul B. Queally</u>	<u>Director</u>	<u>320 Park Ave., Ste 2500, NY NY 10022</u>
<u>D. Scott Mackesy</u>	<u>Director</u>	<u>320 Park Ave., Ste. 2500, NY NY 10022</u>

Dated: \_\_\_\_\_

Signature: David P. Haick

Typed Name: David P. Haick

Capacity: Secretary

Customer Acct # :

(if using pre-paid account)

Secretary of State use only

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Revised 01/2001

IDAHO SECRETARY OF STATE  
07/19/2002 05:00  
CK: 200230 CT: 162046 BH: 478005  
1 @ 100.00 = 100.00 AUTH PRO # 2



**John Y. Brown III**  
**Secretary of State**

**Certificate of Existence**

I, John Y. Brown III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SYKES HEALTHPLAN SERVICE BUREAU, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is October 3, 1989 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10<sup>th</sup> day of July, 2002.

A handwritten signature in black ink, reading "John Y. Brown, III", is written over a horizontal line.

JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky

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