

Filing Fee: \$150.00

ID Number: 150638



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

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1. The name of the limited liability company is:
Alliance PPO, LLC
2. The name, if different, under which it proposes to register and transact business in Rhode Island is:
N/A
3. The limited liability company is organized under the laws of Maryland
4. The date of its organization is 12/14/1998
5. The period of duration of the limited liability company is (if perpetual, so state) perpetual
6. The address of the limited liability company's resident agent in Rhode Island is:
10 Weybosset Street Providence, RI 02903
(Street Address, not P.O. Box) (City/Town) (Zip Code)
and the name of the resident agent at such address is C T Corporation System
(Name of Agent)
7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:
4 Taft Court Rockville, MD 20850
9. The mailing address for the limited liability company is:
Teresa Julkowski 9900 Bren Road East MN008-T202 Minnetonka, MN 55343

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10. Management of the Limited Liability Company:

A. The limited liability company is to be managed by its members. (If you have checked this box, go to item no. 11.)

or

B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Manager

Address

<u>Manager</u>	<u>Address</u>

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 9/2/05

Alliance PPO, LLC

Print Exact Name of Limited Liability Company Making Application

By Sharon C Pavlos

Signature of authorized person

Sharon C. Pavlos - Secretary (MAMSI Life and Health Insurance Company)
(Sole Member)

STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT ALLIANCE PPO, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 23, 2005.



Paul B. Anderson
Charter Division



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