

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

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Alison Lundergan Grimes  
Secretary of State  
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**Certificate of Authority**  
**Foreign Business Entity**

**FBE**

Pursuant to the provisions of KRS Chapter 14A and KRS Chapter 271B 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.
2. The name of the entity is **Solera Health**.
3. The name of the entity to be used in Kentucky is **Solera Health Inc.**
4. The state or country under whose law the entity is organized is **Arizona**.
5. The date of organization is **10/12/2015**.
6. The mailing address of the entity's principal office is **111 W Monroe St Ste 300, Phoenix, AZ 85003**.
7. The street address of the entity's registered office in Kentucky is **8400 Grand Trevi Dr, Louisville, KY 40228** and the name of the registered agent in that office is **Jeanine Meagher**.
8. The names and business addresses of the entity's representatives:

Sarah Iams	111 W Monroe St Ste 300, Phoenix, AZ 85003
Brenda Schmidt	111 W Monroe St Ste 300, Phoenix, AZ 85003
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9. I certify that, as of the date of filing of this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.
10. This application will be effective on filing.

Signature of Authorized Representative:  
**Sarah Iams**

I, **Jeanine Meagher**, consent to serve as the Registered Agent on behalf of the business entity.

Signature of Registered Agent or individual signing on behalf of the company serving as Registered Agent:

Jeanine Meagher