

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90059 046 ***150.00

DOCUMENT # **P34979**

1. Entity Name

Trover Solutions, Inc.
(Formerly Healthcare Recoveries, Inc.)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1930 Bishop Lane

City & State

Louisville, KY

Zip

40218

Country

USA

Suite, Apt. #, etc.

1930 Bishop Lane

City & State

Louisville, KY

Zip

40218

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

61141758

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

Plantation

FL

Zip Code

33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	See attached		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

502-454-1114

CR2E034B (12/01)

TROV Board of Directors

NAME / EMAIL	WORK ADDRESS	HOME ADDRESS
Chris Van Arsdel cbvanarsdel@aol.com		4604 Charles Place Plano TX 75093
William C. Ballard wcb@gdm.com	Greenebaum Doll & McDonald 3300 National City Tower Louisville KY 40202	1823 Ballard Mill Road Louisville KY 40207
Herbert A. Denton hadenton@bloomberg.net	Providence Capital 730 Fifth Avenue New York NY 10019	
Jill Force Jillforce@insightbb.com		1732 Spring Drive Louisville KY 40205
Patrick B. McGinnis pat.mcginis@troversolutions.com	Trover Solutions, Inc. 1600 Watterson Tower Louisville KY 40218	3906 Eagle Way Prospect KY 40059
John H. Newman jnewman@sidley.com	Sidley Austin Brown & Wood 875 Third Avenue, 4 th Floor New York NY 10022	153 Columbia Heights Brooklyn NY 11201
Lauren N. Patch lpatch@wyn.com	WYNCOM, Inc. Dudley Square 380 S. Mill St. Lexington KY 40508	434 Chisholm Trail Cincinnati OH 45215

ATTACHMENT

P34979
661755

Attachment

P34979
661755

TITLE	LAST NAME	FIRST NAME	ADDRESS	CITY	ST	ZIP
Chairman & CEO	McGinnis	Patrick	3906 Eagle Way	Prospect	KY	40059
Executive Vice President	Sharps	Douglas	4043 Ormond Road	Louisville	KY	40207
Senior Vice President	Jefferson	Robert	11000 Buckeye Trace	Goshen	KY	40026
Senior Vice President	Cahill	Timothy	40W047 Carl Sandberg Road	St. Charles	IL	60175
Senior Vice President	Bates	Mark	12108 Wayside Lane	Goshen	KY	40026
Executive Vice President	Bader	Robert	1117 Cardinal Drive	Louisville	KY	40213
Executive Vice President	Murphy	Debra	548 Barberry Lane	Louisville	KY	40206