

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000000437

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC0075606688**

**Entity Name:** CLAIMS ADMINISTRATION CORP.

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 US

**FEI Number:** 52-1320522

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAVELLE, JOHN S  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            SEC  
Name            SMITH, SHIRLEY R  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            AS  
Name            WEINBERG, JONATHAN D  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            AT  
Name            TUOZZO, MELINDA L  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            DIR  
Name            KIRKPATRICK, THOMAS R  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            TRE  
Name            RUHLMANN, JOHN J  
Address        6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title            DIRECTOR  
Name            WEINBERG, JONATHAN D  
Address        6705 ROCKLEDGE DRIVE  
                 SUITE 900  
City-State-Zip: BETHESDA MD 20817

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY R SMITH

**SECRETARY**

**04/03/2013**

Electronic Signature of Signing Officer/Director Detail

Date