

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

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90063 022 ***150.00

DOCUMENT # **F00000002819 ✓**

1. Entity Name

Kanawha HealthCare Solutions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4363 North Ocoee St.

3. Mailing Address **Administrative**
Address:

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

210 South White St.

City & State

Cleveland, TN 37312

City & State

Lancaster, SC 29720

Zip

Country

Zip

Country

4. FEI Number

62-1245230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Rd.

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 Listing	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rachel E. Coyle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rachel E. Coyle

1/23/02

Date

800-635-4252

Daytime Phone #

CR2E034B (12/01)

Attachment 811725

Doc# F00000002819

Kanawha HealthCare Solutions, Inc.

Officers

Stanley D. Johnson
Chairman of the Board

210 South White Street
Lancaster, South Carolina 29720

Richard Dale Vaughan
President and Chief Executive Officer

210 South White Street
Lancaster, South Carolina 29720

Larry W. Higgins
Vice President, Secretary and
General Counsel

210 South White Street
Lancaster, South Carolina 29720

Robert E. Matthews
Senior Vice President, Treasurer and
Controller

210 South White Street
Lancaster, South Carolina 29720

Scott D. MacEwen
Senior Vice President, Sales & Marketing

210 South White Street
Lancaster, South Carolina 29720

Norman E. Hill
Senior Vice President and
Chief Actuary

210 South White Street
Lancaster, South Carolina 29720

Appointed Officers (Signatory Purposes)

Rachel E. Coyle
Assistant Secretary

210 South White Street
Lancaster, South Carolina 29720

Debbie R. Paskoff
Assistant Secretary

210 South White Street
Lancaster, South Carolina 29720

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Kanawha HealthCare Solutions, Inc.

Directors

Stanley D. Johnson
Chairman of the Board

Richard Dale Vaughan
President and Chief Executive Officer

Robert E. Matthews
Senior Vice President and Controller

Scott D. MacEwen
Senior Vice President, Sales & Marketing



Attachment

811725

Doc# F0000000 28/9

January 23, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Annual Report

Dear Sir or Madam:

Enclosed are the following items for Annual Report for Kanawha HealthCare Solutions, Inc., a Third Party Administrator:

- 1) Required Form
- 2) A listing of Officers and Directors
- 3) Required Fee of \$150.00

If you have any questions or need additional information, please advise.

Very Truly Yours,

Michelle Burton
Compliance Administrator

Mjb
Enclosures

Telephone Number: 800-635-4252, ext. 5349
Fax Number: 803-283-5313
Email Address: mburton@kanawha.com