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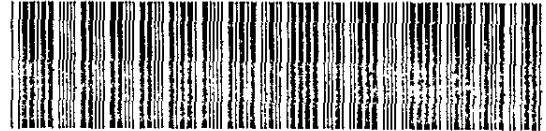
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLIED CLAIMS ADMINISTRATION, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

BRIAN WILCOX
(Name of Person)

ALLIED CLAIMS ADMINISTRATION, INC.
(Firm/Company)

P.O. Box 674869
(Address)

MARIETTA GA. 30006-0006
(City/State and Zip code)

For further information concerning this matter, please call:

BRIAN WILCOX at (770) 818 1517
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. ALLIED CLAIMS ADMINISTRATION, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9-25-1990 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1665 Terrell Mill RD. MARIETTA GA 30067
(Principal office address)

P.O. Box 674869 MARIETTA GA. 30006-0006
(Current mailing address)

8. THIRD PARTY ADMINISTRATION SERVICES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

PLANTATION, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Joan Boiden JOAN BOIDEN
(Registered agent's signature) ASSISTANT SECRETARY

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: SEE Attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. R. Brian Wilcox

(Signature of Director or Officer listed in number 12 of the application)

14. R. BRIAN WILCOX - CEO

(Typed or printed name and capacity of person signing application)

#12A. The names and complete business addresses of its current board of directors are:

Joseph Parker	Georgia Hospital Association 1675 Terrell Mill Road Marietta, GA 30067
William Yaeger	McNeary 6525 Morrison Blvd. Suite 200 Charlotte, NC 28211
Ginger Anspaugh	Georgia Hospital Association 1675 Terrell Mill Road Marietta, GA 30067
Randy Giddens	Health Care Insurance Resources 1665 Terrell Mill Road / Suite 200 Marietta, GA 30067

#12B The names and complete business addresses of its current officers are:

Chairman	Joseph Parker	Georgia Hospital Association 1675 Terrell Mill Road Marietta, GA 30067
President	William Yaeger	McNeary 6525 Morrison Blvd. Suite 200 Charlotte, NC 28211
CEO	Brian Wilcox	Allied Claims Administration, Inc. 1665 Terrell Mill Road / Suite 100 Marietta, GA 30067
Secretary/Treasurer	Ginger Anspaugh	Georgia Hospital Association 1675 Terrell Mill Road Marietta, GA 30067
AVP	Robert Stonebraker	Allied Claims Administration, Inc. 6525 Morrison Blvd. Suite 200 Charlotte, NC 28211
AVP	Reed Saunders	Allied Claims Administration, Inc. 6525 Morrison Blvd. Suite 200 Charlotte, NC 28211
AVP	Glenn Curtis	Allied Claims Administration, Inc. 157 Hawthorne Dr. Pine Knoll Shores, NC 28512

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 043450328
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JURISDICTION : GEORGIA
PRINT DATE : 12/10/2004
FORM NUMBER : 211

ALLIED CLAIMS ADMINISTRATION, INC.
BRIAN WILCOX
PO BOX 674869
MARIETTA, GA 30006

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ALLIED CLAIMS ADMINISTRATION, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

DEC 13 2004



Cathy Cox
Secretary of State