

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000666

FILED
Mar 15, 2011
Secretary of State

Entity Name: ALLIED CLAIMS ADMINISTRATION, INC.

Current Principal Place of Business:

1665 TERRELL MILL RD.
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 674869
MARIETTA, GA 300060006

New Mailing Address:

FEI Number: 58-1962415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: PARKER, JOSEPH
Address: 1675 TERRELL MILL RD.
City-St-Zip: MARIETTA, GA 30067

Title: PD
Name: YAEGER, WILLIAM
Address: 6525 MORRISON BLVD., SUITE 200
City-St-Zip: CHARLOTTE, NC 28211

Title: CEO
Name: WILCOX, BRIAN
Address: 1665 TERRELL MILL RD.
City-St-Zip: MARIETTA, GA 30067

Title: STD
Name: ANSPAUGH, GINGER
Address: 1675 TERRELL MILL ROAD
City-St-Zip: MARIETTA, GA 30067

Title: AVP
Name: STONEBRAKER, ROBERT
Address: 6525 MORRISON BLVD., SUITE 200
City-St-Zip: CHARLOTTE, NC 28211

Title: AVP
Name: SAUNDERS, REED
Address: 6525 MORRISON BLVD., SUITE 200
City-St-Zip: CHARLOTTE, NC 28211

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: BRIAN WILCOX

CEO

03/15/2011

Electronic Signature of Signing Officer or Director

Date