F0800000955

(Re	equestor's Name)		
(Ad	ldress)		
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(Bu	usiness Entity Nar	me)	
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120 Monument Circle Indianapolis, IN 46204-4903

March 13, 2014

VIA UPS

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Withdrawals of Certificate of Authority

Dear Clerk:

Enclosed you will find the following documents (in duplicate) for filing, together with their respective cover letters, and a check in the amount of \$375.00 for filing fees:

- AMERIGROUP New York, LLC Notice of Withdrawal of Certificate of Authority (LLC)
- 2 AMERIGROUP Community Care of New Mexico, Inc. Application for Withdrawal of Foreign Corporation
- 3 AMERIGROUP Louisiana, Inc. Application for Withdrawal of Foreign Corporation
- 4. AMERIGROUP Maryland, Inc. Application for Withdrawal of Foreign Corporation
- ψ AMERIGROUP New Jersey, Inc. Application for Withdrawal of Foreign Corporation
- AMERIGROUP Ohio, Inc. Application for Withdrawal of Foreign Corporation
- **d** AMERIGROUP Services, Inc. Application for Withdrawal of Foreign Corporation
- 4 AMERIGROUP Tennessee, Inc. Application for Withdrawal of Foreign Corporation
- M = AMERIGROUP Texas, Inc. Application for Withdrawal of Foreign Corporation

Please return file-marked copies in the enclosed UPS envelope provided for your convenience. Thank you for your assistance, and please contact me should you have any questions or concerns.

Sincerely,

Rachelle Richey

rachelle.richey@wellpoint.com

wille Keher

COVER LETTER

	mendment Section ivision of Corporations		
SUBJEC	T: AMERIGROUP Georgia Managed	Care Company, Inc.	
		(Name of Corporation	n)
DOCUM	ENT NUMBER: F08000000855		
The enclo	osed withdrawal application and	fee are submitted for fi	iling.
	turn all correspondence concerning the following:	g this	
	Attn: Corporate Secretary		
-		(Name of Person)	
<u>:</u>	AMERIGROUP Georgia Managed Care	Company, Inc.	
		(Firm/Company)	
	120 Monument Circle		
		(Address)	
	Indianapolis, Indiana 46204		
•	(0	City/State and Zip code)
For furthe	er information concerning this ma	tter, please call:	
Judy Kemp	p .	at (317) 4	88-6213
Enclosed	(Name of Person) is a check for the amount:		le & Daytime Telephone Number)
∑ \$35 Fi	iling Fee \$\int \$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

AMERIGROUP Georgia Managed Care Company, Inc.

F08000000855	
(Document Number of Corporation (if known)	
Georgia (Incorporated Under Laws of)	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State voluntarily surrenders its authority to transact business or conduct affairs in Florida.	of Florida and hereby
This corporation revokes the authority of its registered agent in Florida to accept ser appoints the Department of State as its agent for service of process based on a cause of the time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	141 SECT
Corporate Secretary, 120 Monument Circle	高高
(Mailing Address)	
Indianapolis, IN 46204	TEL BE
(City/ State /Zip)	57
The corporation agrees to notify the Department of State in the future of any change in it	s mailing address.
(Signature of a director, president of other officer - if in the hands of a receiver or other sourt appointed findiciary, by that fiduciary) (Date of a director, president of other officer - if in the hands of a receiver or other sourt appointed findiciary, by that fiduciary)	<u>4</u>
Kathleen S. Kiefer Secretary	
(Typed or printed name of person signing) (Title of per	rson signing)

FILING FEE \$35

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