

9/15/2020

Division of Corporations

**F2000004228**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000321469 3)))



H200003214693ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
MEDICAL RISK MANAGERS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$2,528.75

Electronic Filing Menu

Corporate Filing Menu

Help  
SEP 24 2020

# 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.

Medical Risk Managers, Inc.

1. \_\_\_\_\_  
(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)  
Delaware 51-0309072

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4/15/1988

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
5/1/2007

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
1170 Ellington Road, South Windsor, CT 06074

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

## 9. 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.*

C.T. Corporation System

By: Chris Rickard, Assistant Secretary

\_\_\_\_\_  
(Registered agent's signature)

10. 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.

## 11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

See attached

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**B. OFFICERS**

See attached

President: \_\_\_\_\_

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.

/s/ John Flynn

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John Flynn, Secretary

13. \_\_\_\_\_

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

**Officers & Directors**

<b><u>Title</u></b>	<b><u>Name (Last, First)</u></b>	<b><u>Business Address</u></b>
Chairman of the Board	McLean, Michael R.	1170 Ellington Road, South Windsor, CT 06074
Director	Brooks, Tommie D.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Director	Khoja, Mehb	1170 Ellington Road, South Windsor, CT 06074
Director	Meister, Margaret A.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Director	Veneziani, Jacqueline M.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
<b><u>Title</u></b>	<b><u>Name</u></b>	
President	Khoja, Mehb	1170 Ellington Road, South Windsor, CT 06074
Senior Vice President	Hartnett, Michael	1170 Ellington Road, South Windsor, CT 06074
Senior Vice President	Unsworth, Jennifer C.	1170 Ellington Road, South Windsor, CT 06074
Vice President	Brooke, Jackie	1170 Ellington Road, South Windsor, CT 06074
Vice President & Chief Financial Officer	Camosci, Gail	1170 Ellington Road, South Windsor, CT 06074
Vice President	Murphy, Colleen M.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Vice President	Norberg, Kristin R.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Vice President	Rice, Christopher G.	1170 Ellington Road, South Windsor, CT 06074
Assistant Treasurer	Hansen Jr., Stewart J.	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Assistant Treasurer	Pessoa, Melissa	777 108th Ave NE, Suite 1200, Bellevue WA 98004
Secretary	Bodmer, Julie M.	777 108th Ave NE, Suite 1200, Bellevue WA 98004

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "MEDICAL RISK MANAGERS, INC." IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF SEPTEMBER, A.D.  
2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE  
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE  
BEEN PAID TO DATE.



2157947 8300

SR# 20207222976

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203637575

Date: 09-11-20