

6/29/2021

F2100003822

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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)288-0845

****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
Amerigroup Insurance Company

Certificate of Status	0
Certified Copy	1
Page Count	5
Estimated Charge	\$78.75

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7/9/21

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. Amerigroup Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Texas 3. 45-2485907
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 3, 2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 2505 N Hwy 360, Suite 300, Grand Prairie, TX 75050
(Principal office street address)

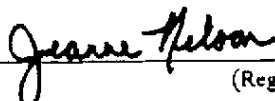
(Current mailing address, if different)

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.



Jeanne Nelson, Asst. 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Ronald William Penczek
☐ Vice Chairman Address: 220 Virginia Avenue
☒ Director Indianapolis, IN 46204
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Cealee Antrea Thomas, M.D.
☐ Vice Chairman Address: 2505 N Hwy 360, Suite 300
☒ Director Grand Prairie, TX 75050
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Medical Director ☐ Other _____

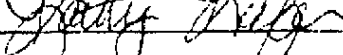
☐ Chairman Name: Jack Louis Young
☐ Vice Chairman Address: 4425 Corporation Lane
☒ Director Virginia Beach, VA 23462
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Asst Secretary ☐ Other _____

☐ Chairman Name: Heather Chockley Steinmeyer
☐ Vice Chairman Address: 233 S. Wacker Dr, Suite 3700
☒ Director Chicago, IL 60606
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☒ Chairman Name: Gregory Seth Thompson
☐ Vice Chairman Address: 2505 N Hwy 360, Suite 300
☒ Director Grand Prairie, TX 75050
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Kathleen Susan Kiefer
☐ Vice Chairman Address: 220 Virginia Avenue
☐ Director Indianapolis, IN 46204
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. Kathleen Susan Kiefer, Secretary _____
 (Typed or printed name and capacity of person signing application)

ADDITIONAL OFFICERS OF AMERIGROUP INSURANCE COMPANY:

Vincent Edward Scher
220 Virginia Avenue
Indianapolis, IN 46204
TREASURER

Eric Kenneth Noble
220 Virginia Avenue
Indianapolis, IN 46204
ASSISTANT TREASURER

2021 JUL -7 PM 4:45
FILED

Texas Department of Insurance Certificate of Authority

License no. 96504

Licensed since: June 3, 2011

Department Certification

Amerigroup Insurance Company
(domestic stock-life, health, or accident company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas as applicable, and is authorized to transact the following lines of insurance:

Accident, Health, Health Maintenance

This certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

June 29, 2021

COMMISSIONER OF INSURANCE

BY

Amy Garcia
Amy Garcia, Associate Commissioner
Financial Analysis Section
Financial Regulation Division
Commissioner's order no. 3632

