

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

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

Email Address: _____

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RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE FLORIDA

**REGISTERED AGENT CHANGE
 CLAIMS ADMINISTRATION CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RA Chang

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3-2-15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Claims Administration Corp.

Name of Corporation

DOCUMENT NUMBER: F95000000437

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Finch

Name of Contact Person

Aetna Inc.

Firm/Company

6720B Rockledge Drive, Suite 700

Address

Bethesda, MD 20817

City/State and Zip Code

definch@aetna.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Finch

301

581-5409

Name of Contact Person

at

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2BD45 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Maryland in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Claims Administration Corp.
2. The principal office address: 6705 Rockledge Drive, Suite 900
Bethesda, MD 20817
3. The mailing address (if different): _____

4. Date of Incorporation/qualification: 1/26/1995 Document number: F95000000437

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

N. Natasha Redding
Signature of an officer or director

N. Natasha Redding Asst. Secretary
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: [Signature]
Signature of Registered Agent

2/26/15
Date

If signing on behalf of an authorized officer: H. Krentz
Special Assistant
Secretary

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILED
15 FEB 27 AM 10:47
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA