

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000583

FILED
Apr 06, 2012
Secretary of State

Entity Name: NEW ENGLAND CLAIMS ADMINISTRATION SERVICES, INC.

Current Principal Place of Business:

1350 MAIN STREET, 17TH FLOOR
SPRINGFIELD, MA 011031619

New Principal Place of Business:

Current Mailing Address:

ONE PARK PLACE, SUITE 250
300 S. STATE ST
SYRACUSE, NY 13202

New Mailing Address:

FEI Number: 06-1427246 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DPT
Name: BONSALL, ROBERT A JR.
Address: 1350 MAIN STREET
City-St-Zip: SPRINGFIELD, MA 011031647

Title: D
Name: ANDERSON, JOHN R
Address: 1350 MAIN STREET
City-St-Zip: SPRINGFIELD, MA 011031647

Title: D
Name: CHARSKY, DONALD M
Address: 161 WORCESTER RD., SUITE 300
City-St-Zip: FRAMINGHAM, MA 01701

Title: D
Name: GAETA, STEVEN J
Address: ONE LIBERTY PLAZA, 165 BROADWAY
City-St-Zip: NEW YORK, NY 10006

Title: DS
Name: COHEN, ANDREW J
Address: 1350 MAIN STREET
City-St-Zip: SPRINGFIELD, MA 011031647

Title: D
Name: OLVANY, BRIAN L
Address: ONE LIBERTY PLAZA, 165 BROADWAY
City-St-Zip: NEW YORK, NY 10006

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: ANDREW J. COHEN

S

04/06/2012

Electronic Signature of Signing Officer or Director

Date