

F98000004761

Document Number Only

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

700002621137--8

-08/20/98--01069--006

*****70.00 *****70.00

FILED
98 AUG 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nexclaim Technologies, Inc.

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Limited Liability Company |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of B.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> UCC-1 Financing Statement | <input type="checkbox"/> UCC-3 Filing |
| <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input checked="" type="checkbox"/> Call if Problem | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | |
| <input type="checkbox"/> Mail Out | | |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies
File Stamped.

Thank You!!

Hope

8/20
8/20/98

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. NEXCLAIM Technologies, Inc.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION", or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware
(State or country under the law of which it is incorporated)
3. 06-1440399
(FEI number, if applicable)
4. November 16, 1995
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.156, F.S.))
7. Century Executive Park, 200 Corporate Place, Suite 100, Rocky Hill,
Connecticut 06067
(Current mailing address)
8. The review and recovery of paid claim data for health insurance payors.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

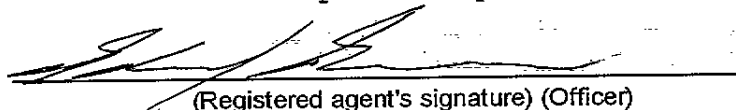
Name: C T Corporation System
Office Address: c/o C T Corporation System, 1200 South Pine
Island Road
Plantation, Florida, 33324
(Zip Code)

FILED
98 AUG 20 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent 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 obligation of my position as registered agent.

C T Corporation System


(Registered agent's signature) (Officer)

EDWARD GWISDALLA

Assistant Vice President

(Type Name and Title of Officer)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached list of directors

Address: _____

Vice Chairman: See attached list of directors

Address: _____

Director: See attached list of directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached list of officers

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 AUG 20 PM 1:09

FILED

**NexClaim Technologies, Inc. Officers / Board of Directors
1998**

1. Full Legal Name: Michael S. Smiley
Title(s): President / Director
Residence Address: 60 Juniper Lane, West Hartford, CT 06117
Business Address: Century Executive Park, 200 Corporate Place - Ste. 100- Rocky Hill, CT 06067
Date of Birth: 01-18-53
Social Security #: 096-44-4924

2. Full Legal Name: James W. Neary
Title(s): Vice President / Corporation Secretary
Residence Address: 105 Fareway Drive, Portland, CT 06480
Business Address: Century Executive Park, 200 Corporate Place-Ste. 100, Rocky Hill, CT 06067
Date of Birth: 12-06-59
Social Security #: 046-58-0681

- Full Legal Name: Robert A. Simons
Title(s): Director
Residence Address: 115 High Ridge Road, West Hartford, CT 06117
Business Address: 433 South Main Street, Suite 302, West Hartford, CT 06110
Date of Birth: 06-13-33
Social Security #: 042-24-7574

3. Full Legal Name: Thomas Lips
Title(s): Director
Residence Address: 105 Foote Drive, Glastonbury, CT 06073
Business Address: One State Street, Hartford, CT 06103
Date of Birth: 07-26-44
Social Security #: 222-28-0771

4. Full Legal Name: Raymond J. Minella
Title(s): Director
Residence Address: 215 Clapboard Ridge Road, Greenwich, CT 06831
Business Address: 667 Madison Avenue, NY, NY 10021
Date of Birth: 08-31-49
Social Security #: 566-80-0206

5. Full Legal Name: Bernard Kershner
Title(s): Director
Residence Address: 668 Goodale Hill Road, Glastonbury, CT 06033
Business Address: 433 S. Main Street - Ste. 302, West Hartford, CT 06110
Date of Birth: 04-21-40
Social Security #: 170-34-6198

FEDERAL TAX ID#: 06-1440399

FILED
98 AUG 20 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael Smiley
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael Smiley, President
(Typed or printed name and capacity of person signing application)

FILED
98 AUG 20 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEXCLAIM TECHNOLOGIES, 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 EIGHTEENTH DAY OF AUGUST, A.D. 1998.

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.



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

9257585

08-18-98

2561202 8300

981322447

FILED

98 AUG 20 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA