

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 DEC 20 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35754

1. Corporation Name

TRIGON ADMINISTRATORS, INC.

2. Principal Office Address *1800 Embassy
7130 Glen Forest Dr.*

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102 200

City & State
Richmond, VA

City & State

Zip Country
23226 USA

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 9-30-91

5. FEI Number

54-1427135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Susan J. Metz

Susan J. Metz

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date *12-19-01*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors):

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	<i>See Attached</i>		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul A. Miller
Paul A. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

12-12-01

Daytime Phone #

614-760-

8119

Listing of Directors for CompManagement of Virginia, Inc.

<i>Name</i>	<i>Address</i>
Robert J. Bossart	6377 Emerald Parkway, Dublin, Ohio 43017
Jonathan R. Wagner	6377 Emerald Parkway, Dublin, Ohio 43017
Richard T. Kurth	6377 Emerald Parkway, Dublin, Ohio 43017
William R. Schlueter	6377 Emerald Parkway, Dublin, Ohio 43017

Listing of Officers for CompManagement of Virginia, Inc.

<i>Name</i>	<i>Title</i>	<i>Address</i>
Robert J. Bossart	Chairman/CEO	1800 Bayberry Ct., Ste. 200, Richmond, VA 23226
Randy E. Jones	President	1800 Bayberry Ct., Ste. 200, Richmond, VA 23226
Thomas D. England	Sr. Vice President	1800 Bayberry Ct., Ste. 200, Richmond, VA 23226
Paul A. Miller	VP/CFO/Treasurer/ Secretary/General Counsel	1800 Bayberry Ct., Ste. 200, Richmond, VA 23226
William R. Schlueter	Assist. Secretary	1800 Bayberry Ct., Ste. 200, Richmond, VA 23226

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Trigon Administrators, Inc.

~~Trigon Administrators, Inc.~~

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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 01 DEC 20 PM 12:45
 DEPARTMENT OF REVENUE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32301

Name	12/20/01	Order#: 4987830
Availability _____		
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W.P. Verifier _____		Amount: \$ _____

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 Fax 850 222 7615