



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000910630

2. Name of Corporation LexisNexis Claims Solutions Inc.

3. Street Address Principal Business Office:

No. and Street: 1000 ALDERMAN DRIVE

City or Town: ALPHARETTA

State: GA

Zip: 30005

Country: USA

4. Business Phone No.

5. State of Incorporation

State: AZ

6. Brief Description of the Character of Business Conducted in Rhode Island

PUBLIC RECORDS INFORMATION AND SOFTWARE SOLUTIONS PROVIDER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARK V. KELSEY	1000 ALDERMAN DRIVE ALPHARETTA, GA 30005 USA
TREASURER	KENNETH FOGARTY	1000 ALDERMAN DR ALPHARETTA, GA 30005 USA
SECRETARY	JULIE GOLDWEITZ	230 PARK AVE NEW YORK, NY 10169 USA
VICE PRESIDENT	RENEE SIMONTON	1105 NORTH MARKET WILMINGTON, DE 19801 USA
VICE PRESIDENT	PETER DANGOIA	1000 ALDERMAN DR

DIRECTOR	KENNETH THOMPSON	ALPHARETTA, GA 30005 USA 9443 SPRINGBORO PIKE MIAMISBURG, OH 45342 USA
----------	------------------	--

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	50,000.00	500

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 19 Day of January, 2016 at 8:28:52 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RENEE SIMONTON
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved