



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$10.00**

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

**Non-Profit Corporation**

**Application for Certificate of Withdrawal**

(Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the corporation is AmeriHealth Caritas Partnership

**ARTICLE II**

It is incorporated under the laws of PA

**ARTICLE III**

It is not conducting affairs in the state of Rhode Island.

**ARTICLE IV**

It hereby surrenders its authority to conduct affairs in the state of Rhode Island.

**ARTICLE V**

It revokes the authority of its registered agent in Rhode Island to accept service of process and consents that service of process in any action, suit, or preceeding based upon any cause of action arising in Rhode Island during the time the corporation was authorized to conduct affairs in Rhode Island may hereafter be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.

**ARTICLE VI**

The post office address to which the secretary of state may mail a copy of any process against the corporation that may be served on him or her is:

200 STEVENS DRIVE, PHILADELPHIA, PA 19113

**Signed this 2 Day of July, 2024 at 12:07:11 PM.** *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 § 7-6.*

AMERIHEALTH CARITAS PARTNERSHIP

Exact Name of Corporation Making Application

By CHRISTOPHER DRUMM

☒ President or ☐ Vice President (check one)

**AND**

By REBECCA ENGELMAN

☒ Secretary or ☐ Assistant Secretary (check one)

Form No. 254  
Revised 09/07

© 2007 - 2024 State of Rhode Island  
All Rights Reserved



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 02, 2024 12:06 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

