



State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Boon Chapman Administrators, Inc.

2. It is incorporated under the laws of:

Texas

3. The name, if different, which it elects to use in Rhode Island is:

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 12/22/2022

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

5. The address of its principal office is:

9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name

C T Corporation System

Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A

City/Town East Providence

State **RHODE ISLAND**

Zip Code 02914

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 16 2024

BY 17585

FORM 150- Revised: 12/2023

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Administer self funded health plans.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Nyle J. Leftwich	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
Steven C Burns	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
Mark Daniel Grinnan	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
Sharon Beth Cunninghis	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729

Check the box to indicate an attachment ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Carrie I. Mabrito	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
VICE PRESIDENT	Steven C Burns	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
TREASURER	Steven C Burns	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
SECRETARY	Mark Daniel Grinnan	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729

Check the box to indicate an attachment ☒

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common	Common	\$0.01

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

Attachment for Officer's & Director's : - Boon Chapman Administrators, Inc.

Address for Officer's and Director's	9401 Amberglen Blvd, Building I, Suite 100, Austin, TX 78729
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Name	Title
Peter Joseph Mace	Director
Mark Daniel Grinnan	Vice President
Matt Durham	Chief Financial Officer
James Matthew Johnson	General Counsel, Chief Compliance, Officer and Vice President

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Carrie L Mabrito

Date

08.19.2024

Signature of Authorized Officer of the Corporation

Carrie L Mabrito

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 150- Revised: 12/2023



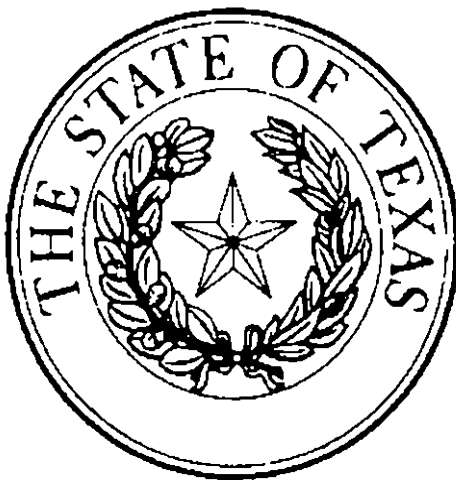
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Boon-Chapman Administrators, Inc. (file number 804868574), a Domestic For-Profit Corporation, was filed in this office on December 22, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 27, 2024.



A handwritten signature in black ink, reading "Jane Nelson".

Jane Nelson
Secretary of State



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:

September 16, 2024 02:27 PM

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

Gregg M. Amore
Secretary of State

