



State of Rhode Island
Department of State - Business Services Division

SEP 16 2024
 10:23 AM
 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 | | |
| <input checked="" type="checkbox"/> Perpetual (on-going) | | |
| <input type="checkbox"/> 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 (<u>NOT</u> 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

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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 |
|---|---|

| 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

Carric L Mabrito

Date

08.19.2024

Signature of Authorized Officer of the Corporation

Carric 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.



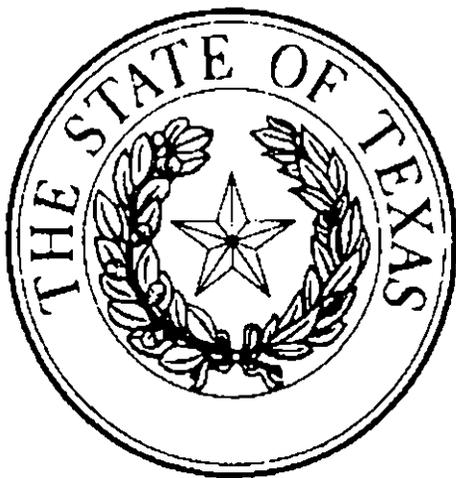
Office of the Secretary of State

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 that reads "Jane Nelson".

Jane Nelson
Secretary of State