



COMMONWEALTH OF KENTUCKY
MICHAEL G. ADAMS, SECRETARY OF STATE

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ADD

Michael G. Adams
Kentucky Secretary of State
Received and Filed:
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Division of Business Filings
P.O. Box 718
Frankfort, KY 40602
(502) 564-3490
www.sos.ky.gov

Certificate of Authority
(Foreign Business Entity)

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a: ☒ profit corporation ☐ nonprofit corporation ☐ professional limited liability company
☐ business trust ☐ limited liability company ☐ statutory trust
☐ limited partnership ☐ ltd cooperative association ☐ other
☐ non-profit llc ☐ professional service corporation

2. The name of the entity is Carelon Insights, Inc.
(The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): _____
(Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Indiana

5. The date of organization is 10/30/2017 and the period of duration is Perpetual
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is
220 VIRGINIA AVENUE Indianapolis IN 46204
Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is
306 W. Main Street, Suite 512 Frankfort KY 40601
Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
Kathleen Susan Kiefer	220 Virginia Avenue	Indianapolis	IN	46204
Vincent Edward Scher				
Eric Kenneth Noble	220 Virginia Avenue	Indianapolis	IN	46204

SEE ATTACHMENT

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing.

Jeanne Nelson Jeanne Nelson, Ass sec 01/27/23
Signature of Authorized Representative Printed Name & Title Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.
Type/Print Name of Registered Agent

By: Jori Sawan Jori Sawan Assistant Secretary 1/27/2023
Signature of Registered Agent Printed Name Title Date

**Attachment to Kentucky
Officers & Directors**

- 1 Full Name: William J Feest
Officer/Director: Director
Business Address: 220 Virginia Avenue
City: Indianapolis
State: IN
ZIP Code: 46204
- 2 Full Name: Nancy Ann Armatas
Officer/Director: Director
Business Address: 8600 W. Bryn Mawr Avenue Suite 800
City: Chicago
State: IL
ZIP Code: 60631
- 3 Full Name: Jeffrey Allen Plante
Officer/Director: Director
Business Address: 1155 Elm Street
City: Manchester
State: NH
ZIP Code: 03101
- 4 Full Name: Jeffrey Allen Plante
Officer/Director: Officer
Business Address: 1155 Elm Street
City: Manchester
State: NH
ZIP Code: 03101