COMMONWEALTH OF KENTUCKY
MICHAEL ADAMS, SECRETARY OF STATE

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Michael G. Adams
Kentucky Secretary of State
Received and Filed:
9/30/2022 10:47 AM
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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 and KRS 271B, 273, 274,275, 362 and 386 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 (KRS 271B)
- ☐ business trust (KRS 386).
- ☐ limited partnership (KRS 362).
- ☐ non-profit llc (KRS 275)
- ☐ nonprofit corporation (KRS 273)
- ☐ limited liability company (KRS 275)
- ☐ ltd cooperative assn. (KRS)
- ☐ cooperative assn. (KRS)
- ☐ professional service corporation (KRS 274)
- ☐ professional limited liability company (KRS 275)
- ☐ statutory trust
- ☐ unincorporated association

2. The name of the entity is Magellan Healthcare Provider Group, 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 Maryland.

5. The date of organization is 8/19/14 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

8621 Robet Fulton Drive	Columbia	MD	21046
Street Address	**City**	**State**	**Zip Code**

7. The street address of the entity's registered office in Kentucky is

421 West Main Street	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 Corporation Service Company.

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
Please see attached				

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, unless a delayed effective date and/or time is provided.
The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

Please indicate the Kentucky county in which your business operates:
County: Frankfort.

To complete the following, please shade the box completely.

Please indicate the size of your business:
- ☐ Small (Fewer than 50 employees)
- ☑ Large (50 or more employees)

Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership:
- ☐ Women-Owned
- ☐ Veteran Owned
- ☐ Minority Owned

Please indicate which of the following best describes your business:
- ☐ Agriculture
- ☐ Mining
- ☐ Services
- ☐ Construction
- ☐ Wholesale Trade
- ☐ Retail Trade
- ☐ Manufacturing
- ☑ Finance, Insurance, Real Estate
- ☐ Public Administration
- ☐ Transportation, Communications, Electric, Gas, Sanitary Services
- ☐ Other

Signature of Authorized Representative	Cammie Guillot, Vice President	8/12/22
	Printed Name & Title	**Date**

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

By: Jorge Feliciano-Amezquita	Corporation Service Company	Assistant Secretary	09/29/2022
Signature of Registered Agent	**Printed Name**	**Title**	**Date**

(1/20)

NAME: MAGELLAN HEALTHCARE PROVIDER GROUP, INC.

State of Incorporation: Maryland

Date of Incorporation: August 19, 2014

Directors: Teresa Alcorn
8621 Robert Fulton Drive
Columbia MD 21046

Michael P. McQuillen
8621 Robert Fulton Drive
Columbia MD 21046

Derrick Duke
6303 Cowboys Way
Frisco, TX 75034

Officers:

President	-	Vacant
Chief Financial Officer	-	Derrick Duke 6303 Cowboys Way Frisco, TX 75034
Secretary	-	Michael P. McQuillen 8621 Robert Fulton Drive Columbia MD 21046
Treasurer	-	Jeffrey N. West 14100 Magellan Plaza MD Hghts,MO 63043
Vice President	-	Arthur Hennig 8621 Robert Fulton Drive Columbia MD 21046
Vice President	-	Camille Guillot 14100 Magellan Plaza MD Hghts,MO 63043
Assistant Treasurer	-	Brian Frey 14100 Magellan Plaza MD Hghts,MO 63043