

1.) CORPORATION NAME:

AMGP Georgia Managed Care Company, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1827106**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 303 PERIMETER CENTER NORTH
SUITE 400

CITY/ST/ZIP: ATLANTA, GA 30346

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	FRANCESCA D. GARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	303 PERIMETER CENTER NORTH SUITE 400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30346		
NAME:	ERIC (RICK) K NOBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. TRES.		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	R. DAVID KRETSCHMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	KATHLEEN S. KIEFER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	CARTER A. BECK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1155 ELM STREET, SUITE 200		
CITY/ST/ZIP/CO:	MANCHESTER, NH 03101		
NAME:	CATHERINE I. KELAGHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

NAME: C. BRIAN SHIPP TITLE: DIRECTOR ADDRESS: 22 CENTURY BOULEVARD CITY/ST/ZIP/CO: NASHVILLE, TN 37214	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACK L YOUNG TITLE: ASST SECRETARY ADDRESS: 4425 CORPORATION LANE CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAN H. PILE TITLE: DIRECTOR ADDRESS: 970 PINE GROVE POINTE DRIVE CITY/ST/ZIP/CO: ROSWELL, GA 30075	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOYCE K ESSIEN TITLE: DIRECTOR ADDRESS: 1600 NISKEY LAKE TRAIL CITY/ST/ZIP/CO: ATLANTA, GA 30331	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ KATHLEEN S. KIEFER _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN S. KIEFER, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
6/20/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	