No. <b>C 195163</b>		Due no later than Jun 30, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form  1. Mailing Address: Correct in this box if needed.  MERITAIN HEALTH, INC.  151 FARMINGTON AVENUE  RW61  HARTFORD CT 06156  USA		921 S ORCH BOISE ID 8	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR MARK W. SCHMIDT PRESIDENT JEFFREY WAYNE GODDARD TREASURER JOHN PATRICK MAHONEY SECRETARY EDWARD CHUNG-I LEE		YNE GODDARD CK MAHONEY	300 CORPORATE PARKWAY 300 CORPORATE PARKWAY 300 CORPORATE PARKWAY 300 CORPORATE PARKWAY	AMHERST AMHERST AMHERST AMHERST	NY NY NY NY	USA USA USA USA	14226 14226 14226 14226	
5. Organized Under the Laws of: 6. Ar  NY Si		6. Annual Report m Signature: KELLY	ust be signed.* (LETTMANN	APINERS I	Date: (	05/10/2018	14220	
Processed 05/10/2018		Name (type or print): KELLY LETTMANN Title: POA  Electronically provided signatures are accepted as original signatures.						