No. **W 66063**	**Due no later than Aug 31, 2016**	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.

MEMBERHEALTH LLC
MELANIE LUKER
ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET RI 02895

2. Registered Agent and Address **(NO PO BOX)**

C T CORPORATION SYSTEM
921 S ORCHARD ST STE G
BOISE ID 83705

3. <u>New</u> Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	UNIVERSAL AMERICAN FINANCIAL CORP	1001 HEATHROW PARK LN STE 5001	LAKE MARY	FL		32746
MEMBER	UNIVERSAL AMERICAN CORP	1001 HEATHROW PK LN SUITE 5001	LAKE MARY	FL	USA	32746

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
DE **W 66063**	Signature: MICHELE W BUCHANAN	Date: 08/05/2016
	Name (type or print): MICHELE W BUCHANAN	Title: SECRETARY
Processed 08/05/2016	* Electronically provided signatures are accepted as original signatures.	