

No. C 156713		Due no later than Oct 31, 2017		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. HEALTH NET PHARMACEUTICAL SERVICES 7700 FORSYTH BLVD. SUITE 800 ST. LOUIS MO 63105		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JESSE HUNTER	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
DIRECTOR	JOHN P SIVORI	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
DIRECTOR	KEITH KRINGLE	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
TREASURER	JEFFREY A SCHWANEKE	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
PRESIDENT	JOHN P SIVORI	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
SECRETARY	PLAKSIN KATHY	7700 FORSYTH BLVD. SUITE 800	ST. LOUIS	MO	USA	63105	
5. Organized Under the Laws of: CA C 156713		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 09/06/2017 Title: POA			
Processed 09/06/2017		* Electronically provided signatures are accepted as original signatures.					