



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000111259		2. Name of Corporation CCN Managed Care, Inc.			
3. Street Address Principal Business Office 6705 Rockledge Drive, Suite 900			City Bethesda	State MD	Zip 20817
4. Business Phone No. 301-581-0600		5. State of Incorporation Delaware			
6. Brief Description of the Character of Business Conducted in Rhode Island INTEGRATED HEALTHCARE MANAGEMENT SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas P. McDonough			Vice President Name Arthur J. Lynch		
Street Address 6705 Rockledge Drive, Suite 900			Street Address 3200 Highland Avenue		
City Bethesda	State MD	Zip 20817	City Downers Grove	State IL	Zip 60515
Secretary Name Shirley R. Smith			Treasurer Name Shawn M. Guertin		
Street Address 6705 Rockledge Drive, Suite 900			Street Address 6705 Rockledge Drive, Suite 900		
City Bethesda	State MD	Zip 20817	City Bethesda	State MD	Zip 20817
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas P. McDonough			Director Name James E. McGarry		
Street Address 6705 Rockledge Drive, Suite 900			Street Address 6705 Rockledge Drive, Suite 900		
City Bethesda	State MD	Zip 20817	City Bethesda	State MD	Zip 20817
Director Name Shawn M. Guertin			Director Name None		
Street Address 6705 Rockledge Drive, Suite 900			Street Address		
City Bethesda	State MD	Zip 20817	City	State	Zip
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
9,217,500	Common	\$0.00	8,017,500	Common	\$0.00

RECEIVED STATE
SECRETARIES DIVISION
CORPORATIONS DIVISION
JUN 23 2008

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
FILED
 Check No. _____
JUN 23 2008
 By: _____
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
 Signature: G. Kenneth Robinson III Date: 1-29-08
 Print or Type Name: G. Kenneth Robinson, III
 Title: Assistant Treasurer