RI SOS Filing Number: 200812695540 Date: 07/31/2008 4:00 PM

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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000242329	FASCore, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
CO	Third Party Administrator

5. Principal office address	City	State	Zip
8515 E. Orchard Road	Greenwood Village	CO	80111

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Valerie Ruppel	Senior Paralegal

Street Address	City	State	Zip
8515 E. Orchard Road, #2T3	Greenwood Village	CO	80111

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☑

Manager Name	Street Address	City	State	Zip
Miles Edwards	8515 E. Orchard Road	Greenwood Village	CO	80111
James McCallen	8515 E. Orchard Road	Greenwood Village	CO	80111
Charles P. Nelson	8515 E. Orchard Road	Greenwood Village	CO	80111
Robert K. Shaw	8515 E. Orchard Road	Greenwood Village	CO	80111

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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT Corporation System	10 Weybosset Street	Providence	02903

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 000242329 [redacted]

FILED
File Date
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By: By 1001238647
FOR SECRETARY OF STATE USE ONLY
24785-2-213359

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.

Beverly A. Byrne July 29, 2008
Signature of Authorized Person *Date*

[redacted]

Beverly A. Byrne, Secretary
Print or Type Name of Authorized Person

Form 632 Rev. 07/07