



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000280069

2. Name of Corporation Bravo Health Insurance Company, Inc.

3. Street Address Principal Business Office:

No. and Street: 1209 ORANGE STREET

City or Town: DOVER

State: DE

Zip: 19801

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

THE OFFERING OF MEDICARE PRESCRIPTION DRUG PLANS TO ELIGIBLE MEDICARE BENEFICIARIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY MARK FOLICK	3601 O'DONNELL STREET BALTIMORE, MD 21224 USA
TREASURER	JOSEPH FRANCIS WAGNER	3601 O'DONNELL STREET BALTIMORE, MD 21224 US
SECRETARY	FRANCES ANN WOODWARD	3601 O'DONNELL STREET BALTIMORE, MD 21224 US
DIRECTOR	SCOTT MICHAEL TABAKIN	3601 O'DONNELL STREET BALTIMORE, MD 21224 US
DIRECTOR	FRANCES A WOODWARD	3601 O'DONNELL STREET BALTIMORE, MD 21224 USA
DIRECTOR	JEFFREY M FOLICK	3601 O'DONNELL STREET BALTIMORE, MD 21224 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP	A	\$25,000.00	1,000.00	0

9. 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.

Signed this 23 Day of February, 2009 at 2:42:08 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By FRANCES A. WOODWARD

Signature of Authorized Representative of the Corporation

SECRETARY

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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