| RALPH MORE State of  | of Rhode Island and P<br>Office of the Secre                          | rovidence Plantations<br>tary of State                   | Fee: \$50.00 |  |  |  |
|--|---|--|--------------|--|--|--|
| secretary of State   | Division Of Busine<br>148 W. River<br>Providence RI 02<br>(401) 222-3 | Street<br>904-2615                                       |              |  |  |  |
| Foreign Business Corpora<br>Annual Report<br>Filing Period: January 1 - March 1  | ation   |  |              |  |  |  |
| 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: 2014   |   |  |              |  |  |  |
| 1. Corporate ID No. 000117036  |   |  |              |  |  |  |
| 2. Name of Corporation <u>HealthScope Benefits, Inc.</u>   |   |  |              |  |  |  |
| 3. Street Address Principal Business Office:   |   |  |              |  |  |  |
| No. and Street:27 CORPORATE HILL DRIVECity or Town:LITTLE ROCKState:ARZip:72205Country:USA   |   |  |              |  |  |  |
| 4. Business Phone No.  |   |  |              |  |  |  |
| <u>5012251551</u>  |   |  |              |  |  |  |
| 5. State of Incorporation  |   |  |              |  |  |  |
| State: <u>DE</u>   |   |  |              |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |   |  |              |  |  |  |
| <u>TO ENGAGE IN THE OPERATIONS OF A THIRD PARTY ADMINISTRATOR OF SELF-</u><br>FUNDED HEALTH PLANS  |   |  |              |  |  |  |
| 7. Names and Addresses of the Officers and Directors:  |   |  |              |  |  |  |
| All officers and directors must be listed.   |   |  |              |  |  |  |
| Title  | Individual Name   | Address  |              |  |  |  |
| PRESIDENT  | First, Middle, Last, Suffix<br>MARY CATHERINE PERSON                  | Address, City or Town, State, Zip (<br>27 CORPORATE HILL |              |  |  |  |
| 050  |   | LITTLE ROCK, AR 72205                                    |              |  |  |  |
| CEO  | JOE EDWARDS   | 27 CORPORATE HILL<br>LITTLE ROCK, AR 72205               |              |  |  |  |
|  |   |  |              |  |  |  |

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br>Number of Shares | Total Issued<br>and<br>Outstanding<br><i>Num of</i><br><i>Shares</i> |
|----------------|-----------------|---------------------|--|--|
| PWP            |                 | \$0.0100            | 2,750,000.00                                   | 800  |
| CWP            |                 | \$0.0100            | 5,500,000.00                                   | 100000   |

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 12 Day of December, 2013 at 12:22:02 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 MARY CATHERINEPERSON

Signature of Authorized Representative of the Corporation

PRESIDENT

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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