



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2014

**1. Corporate ID No.** 000521077

**2. Name of Corporation** Health Net of Connecticut, Inc.

**3. Street Address Principal Business Office:**

No. and Street: ONE FAR MILL CROSSING  
P.O. BOX 904

City or Town: SHELTON

State: CT Zip: 06484-0944 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CT

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

GENERAL BUSINESS PURPOSES - SPECIAL CARE/MANAGED CARE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title               | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---------------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT           | STEPHEN JOHN FARRELL                           | 475 KILVERT STREET<br>WARWICK, RI 02886-1392 USA           |
| TREASURER           | ROBERT WORTH OBERRENDER                        | 9900 BREN ROAD EAST<br>MINNETONKA, MN 55343 USA            |
| SECRETARY           | CARMEL COLICA                                  | 48 MONROE TURNPIKE<br>TRUMBULL, CT 06611 USA               |
| ASSISTANT SECRETARY | MICHELLE MARIE HUNTLEY                         | 9900 BREN ROAD EAST<br>MINNETONKA, MN 55343 USA            |

|          |                      |                                              |
|----------|----------------------|----------------------------------------------|
| DIRECTOR | JEFFREY DONALD ALTER | 48 MONROE TURNPIKE<br>TRUMBULL, CT 06611 USA |
|----------|----------------------|----------------------------------------------|

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 1,200.00                                              | 1020                                                           |

**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 5 Day of February, 2014 at 11:31:17 AM.** *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 MANDELINE HENDRICKS  
Signature of Authorized Representative of the Corporation

POA  
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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