

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2014 APR - 2 PM 2:54
SECRETARY OF STATE
CORPORATIONS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Select Health of South Carolina, Inc.
2. The fictitious business name to be used is AmeriHealth Caritas Rhode Island
3. The state or territory under the laws of which it is incorporated, organized or formed is South Carolina
4. The date of incorporation, organization or formation is September 28, 1995
5. If a business corporation, the address of its registered office within Rhode Island is _____
450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914
6. If a business corporation, the business in which it is engaged Managed health care
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 3/31/14

Select Health of South Carolina, Inc.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By Robert H. [Signature]
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED

APR 02 2014

By 49-221512

A.A. 2:54 p.m.



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

