



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

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000149997	Concentra Health Services, Inc.	Good Standing Certificate

**Total Fee: \$74.50**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: JILL JACKSON

Business Name: HUMANA INC.

No. and Street: 500 W. MAIN STREET

City or Town: LOUISVILLE State: KY Zip: 40202 Country: US

Contact Phone: 5024769752 ext:

Contact Email: JJACKSON31@HUMANA.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**