Filing and License Fee: \$310.00 minimum



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

SECRETARY OF STATE CORPORATIONS DIV

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	The	The name of the corporation is Magellan Rx Management, Inc.								
2.	lt is	It is incorporated under the laws of								
3.	The	e name	, if different, which it elects to us	e in Rhode Island i	s:					
	(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited" or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:									
	(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:									
4.	The	date o	fits incorporation is 9/6/13		and the period of its duration is perpetual					
5.	The address of its principal office is 15950 N. 76th Street, #200, Scottsdale, AZ 85260									
6.	The address of its proposed registered office in Rhode Island is _222 Jefferson Boulevard, Suite 200									
	(Street Address, not P.O. Box)									
Warwick , RI 02888 and the name of its proposed registered agent in Rhode (City/Town) (Zip Code)										
	that address is Corporation Service Company									
	(Name of Agent)									
7.	The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:									
	Provides services related to pecialty pharmacy management and other pharmacy benefits management.									
8.	(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated). Name Address									
	Director Barry Smith Director Jonathan Rubin			55 Nod Road, Avon CT 06001 55 Nod Road, Avon CT 06001						
	Dire	ctor	Daniel Gregoire 17:04 pm		55 Nod Road, Avon CT 06001					
	Director Robert Field FILED		·- <u>-</u>	15950 N. 76th Street, #200, Scottsdale AZ 85260						
		n No. 150 sed: 06/1	SEP By 232	23 2014 2863						

			<u>Name</u>		Address				
	President	Robert F	ield	15950 N. 76t	h Street, #200, Scottsdale AZ 85260				
	Vice President	Linton Newlin Kevin Fletemeyer John DiBernardi		1203 4th Street, SW, Culiman AL 35055 11013 West Broad St, #500, Glen Allen VA 23060 6950 Columbia Gateway Drive, Columbia MD 21046					
	Treasurer								
	Secretary								
9.	The aggregate number of shares and series, if any, within a class, Number of Shares		s which it has authority to is: <u>Class</u>	issue; itemized by classes <u>Series</u>	s, par value of shares, shares without par value, Par Value or Statement that Shares are without Par Value				
	100		common		\$0.01				
10.	(a) \$ 5,552	.000	= An estima	te of the value of all pro	perty to be owned by the corporation for the				
٠.	(a) \$ = An estimate of the value of all property to be owned by the corporation for t following year, wherever located.								
	(b) \$ 422, Island during the		= An estimat	te of the value of the corp	poration's property to be located within Rhode				
	(c) II-24 the corporation be owned during	i to be located	d within this state during	the following year bears to	tion that the estimated value of the property of the value of all property of the corporation to tiply by 100 to obtain the percentage}				
11.	(a) \$ 180,0 during the follo	<i>DD , D DD</i> wing year.	= An estimat	e of the gross amount of	business to be transacted by the corporation				
(b) \$ 23,000,000 = An estimate of the gross amount of business to be to or from places of business in Rhode Island during the following year.					business to be transacted by the corporation at				
	(c) 12.76 % = An estimate, expressed as a percentage, of the proportion that the gross amount of business to be transacted by the corporation at or from places of business in this state during the following year bears to the gross amount thereof which will be transacted by the corporation during the following year. (divide (b) by (a) and multiply by 100 to obtain the percentage)								
12,	This application is accompanied by a certificate of Good Standing issued by the proper officer of the state or country under the laws of which it is incorporated.								
13.	This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no late								
	than the 90th day at	fter the date o	f this filing						
				Application for Certificat	I declare and affirm that I have examined this e of Authority, including any accompanying II statements contained herein are true and				
Date	e: 9/19/14		.	98	ulthorized Officer of the Corporation				
				-	·				
				John DiBernardi, Secre	tary t Name of Authorized Officer				
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MAGELLAN RX MANAGEMENT, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS

THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF

SEPTEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAGELLAN RX MANAGEMENT, INC." WAS INCORPORATED ON THE SIXTH DAY OF SEPTEMBER, A.D. 2013.

SECRETARY OF STATE CORPORATIONS DIV

5394817 8300

141205397

AUTHENTICATION: 1717509

DATE: 09-22-14

You may verify this certificate online at corp. delaware. gov/authver.shtml