



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: 2015

1. Corporate ID No. 000986159

2. Name of Corporation Magellan Rx Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 15950 N. 76TH STREET, #200

City or Town: SCOTTSDALE

State: AZ Zip: 85260 Country: USA

4. Business Phone No.

410-953-1000

5. State of Incorporation

State: DE

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

PROVIDES SERVICES RELATED TO SPECIALTY PHARMACY MANAGEMENT AND OTHER PHARMACY BENEFITS MANAGEMENT.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	JOHN J. DIBERNARDI	6950 COLUMBIA GATEWAY DRIVE COLUMBIA, MD 21046 USA
CEO	ROBERT W. FIELD	15950 N. 76TH ST., STE 200 SCOTTSDALE, AZ 85260 USA
CFO	KEVIN FLETEMEYER	11013 W. BROAD ST., STE. 500 GLEN ALLEN, VA 23060 USA
CHIEF INFORMATION OFFICER	MATTHEW MERTEL	15950 N. 76TH ST., STE 200 SCOTTSDALE, AZ 85260 USA

VICE PRESIDENT	LINTON C. NEWLIN	1203 4TH STREET SW CULLMAN, AL 35055 USA
ASSISTANT SECRETARY	MARGIE M. SMITH	1203 4TH STREET SW CULLMAN, AL 35055 USA
DIRECTOR	BARRY M. SMITH	4800 N. SCOTTSDALE RD., STE 4400 SCOTTSDALE, AZ 85254 USA
DIRECTOR	JONATHAN N. RUBIN	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	DANIEL N. GREGOIRE	55 NOD ROAD AVON, CT 06001 USA
DIRECTOR	ROBERT W. FIELD	15950 N. 76TH ST. STE 200 SCOTTSDALE, AZ 85260 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	100.00	100

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 24 Day of February, 2015 at 7:47:25 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 JOHN J. DIBERNARDI
Signature of Authorized Representative of the Corporation

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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