



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: 2016

1. Corporate ID No. 000913469

2. Name of Corporation Select Health of South Carolina, Inc.

3. Street Address Principal Business Office:

No. and Street: 4390 BELLE OAKS DRIVE, SUITE 400

City or Town: NORTH CHARLESTON

State: SC Zip: 29405 Country: USA

4. Business Phone No.

215-937-8000

5. State of Incorporation

State: SC

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

MANAGED HEALTH CARE SERVICES

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
PRESIDENT	J. MICHAEL JERNIGAN	4390 BELLE OAKS DRIVE, SUITE 400 NORTH CHARLESTON, SC 29405 USA
TREASURER	STEVEN H BOHNER	200 STEVENS DRIVE PHILADELPHIA, PA 19113 USA
SECRETARY	ROBERT H GILMAN	200 STEVENS DRIVE PHILADELPHIA, PA 19113 PA
DIRECTOR	PAUL A TUFANO	200 STEVENS DRIVE PHILADELPHIA, PA 19113 USA
DIRECTOR	ALAN KRIGSTEIN	1901 MARKET STREET

		PHILADELPHIA, PA 19103 USA
DIRECTOR	YVETTE D BRIGHT	1901 MARKET STREET PHILADELPHIA, PA 19103 USA
DIRECTOR	LYNDA ROSSI	600 E. LAFAYETTE BLVD. DETROIT, MI 48226 USA
DIRECTOR	MARK R BARTLETT	E. LAFAYETTE BLVD. DETROIT, MI 48223 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		\$1.0000	1,000,000.00	1000000

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 29 Day of February, 2016 at 1:27:21 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 ROBERT H. GILMAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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