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: 2017

1. Corporate ID No. 001658764

2. Name of Corporation Employee Health Insurance Management, Inc.

3. Street Address Principal Business Office:

No. and Street: 26711 NORTHWESTERN HIGHWAY, SUITE 400
City or Town: SOUTHFIELD State: MI Zip: 48033 Country: USA

4. Business Phone No.

248-948-9900

5. State of Incorporation

State: MI

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

PHARMACY BENEFIT MANAGEMENT AND THIRD PARTY ADMINISTRATION

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	MINDI K. FYNKE	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA
SECRETARY	MINDI K. FYNKE	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA
CEO	MINDI K. FYNKE	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA
CFO	CHRISTOPHER SIRIANNI	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA

VICE PRESIDENT	MINDI K. FYNKE	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA
CHIEF STRATEGY OFFICER	MARCIA HILTON	26711 NORTHWESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48033 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$1.0000	50,000.00	1000

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 10 Day of November, 2016 at 2:33:20 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 MINDI FYNKE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07