State of	of Rhode Island and Pro Office of the Secreta						
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222 2040							
HOPE	(401) 222-304	40					
Foreign Business Corpora Annual Report Filing Period: January 1 - March 1	ation						
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee	rs after the time prescribed by l						
ANNUAL REPORT YEAR: 2017							
1. Corporate ID No. 00032	22899						
2. Name of Corporation <u>HealthNetUSA, Inc.</u>							
3. Street Address Principal Business Office:							
No. and Street: <u>120 STONE</u> SUITE 100	CREEK BOULEVARD						
City or Town: <u>FLOWOOD</u>		State: <u>MS</u> Zip: <u>39232</u> Country: <u>USA</u>					
4. Business Phone No.							
<u>888-719-9990</u>							
5. State of Incorporation							
State: <u>MS</u>							
	ARTICLE III						
Using the following NAICS codes, please select the code that best describes your business.							
NAICS Code <u>524298</u>							
6. Brief Description of the Cha	racter of Business Conducte	ed in Rhode Island					
PROVIDER NETWORK FOR DISCOUNT MEDICAL PLAN ORGANIZATION							
7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.							
Title	Individual Name	Address					
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country					
PRESIDENT	RAYMOND A FOXWORTH	120 STONE CREEK BLVD., SUITE 100 FLOWOOD, MS 39232 USA					

TREASURER	JEAN FOXWOR	120	20 STONE CREEK BLVD., SUITE 100 FLOWOOD, MS 39232 USA	
8. Shares Authorized and Iss	ued			
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$10.0000	1,000.00	100
or individuals signing this is signatory, under penalties of act and deed of the corpora electronic filing, in complian By <u>RAYMOND A. FOXW</u> Signature of Authorized R	f perjury, that this ir tion, and that the fac nce with R.I. Gen. La <u>ORTH</u>	astrument is that indicts stated herein are tws § 7-1.2.	ividual's act and d	eed or the
Form No. 630 Revised 09/07				
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