State	of Rhode Island and Pro					
Office of the Secretary of State						
Division Of Business Services 148 W. River Street						
	Providence RI 02904-2615					
HOPE	(401) 222-304	40				
Foreign Business Corpor Annual Report	ration					
Filing Period: January 1 - March	1					
In accordance with R.I.G.L. 7-1.2 annual report within thirty (30) da (c&d)) is subject to a penalty fee	lys after the time prescribed by la					
ANNUAL REPORT YEAR: 201	7					
1. Corporate ID No. 0001	<u>39194</u>					
2. Name of Corporation Cata	amaran PBM of Illinois II, Inc.					
3. Street Address Principal Bu	usiness Office:					
No. and Street: <u>1600 MCC</u>	ONNOR PARKWAY					
City or Town: <u>SCHAUME</u>	BURG	State: <u>IL</u> Zip: <u>60173</u> Country: <u>USA</u>				
4. Business Phone No.						
5. State of Incorporation						
State: IL						
	ARTICLE III					
Using the following NAICS code	es, please select the code that b	est describes your business.				
NAICS Code <u>81</u>						
6. Brief Description of the Cha	aracter of Business Conducted	d in Rhode Island				
PHARMACY BENEFIT MA	NAGEMENT					
7. Names and Addresses of the	ne Officers and Directors:					
All officers and directors m	nust be listed.					
Title	Individual Name	Address				
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country				
PRESIDENT	MARK ALAN THIERER	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA				

	MARK ALAN THIERER		SCHAUMBURG, IL 60173 USA		
DIRECTOR				1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 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>
CNP		\$0.0000		10,000.00	1000
signatory, under penalties of act and deed of the corporat electronic filing, in complian By <u>KELLY LETTMANN</u> Signature of Authorized Re	tion, and that the fac the with R.I. Gen. La	ets stated wws § 7-1.2	herein are ti 2.		
Form No. 630 Revised 09/07					