**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.** 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.**

**5. State of Incorporation**

State: SC

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 62

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | J. MICHAEL JERNIGAN | 4390 BELLE OAKS DRIVE, SUITE 400<br>NORTH CHARLESTON, SC 29405 USA |

| | | |
|---|---|---|
| TREASURER | STEVEN H. BOHNER | 200 STEVENS DRIVE<br>PHILADELPHIA, PA 19113 USA |
| SECRETARY | EILEEN M. COGGINS | 4390 BELLE OAKS DRIVE, SUITE 400<br>NORTH CHARLESTON, SC 29405 USA |
| DIRECTOR | MARK R. BARTLETT | 600 EAST LAFAYETTE BLVD.<br>DETROIT, MI 48226 USA |
| DIRECTOR | YVETTE D. BRIGHT | 1901 MARKET STREET<br>PHILADELPHIA, PA 19103 USA |
| DIRECTOR | ALAN KRIGSTEIN | 1901 MARKET STREET<br>PHILADELPHIA, PA 19103 USA |
| DIRECTOR | LYNDA ROSSI | 600 EAST LAFAYETTE BLVD.<br>DETROIT, MI 48226 USA |
| DIRECTOR | PAUL A. TUFANO | 200 STEVENS DRIVE<br>PHILADELPHIA, PA 19113 USA |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br>*Number of Shares* | Total Issued and Outstanding<br>*Num of Shares* |
|---|---|---|---|---|
| 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 27 Day of February, 2017 at 7:10:18 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 MATTHEW SAWYER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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