

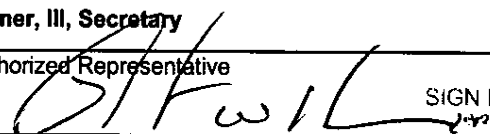
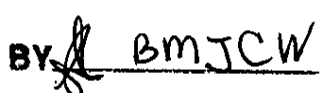


State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2018**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 MAY 20 PM 12:00  
 SECRETARY OF STATE  
 CORPORATION

1. Entity ID Number <b>000151916</b>		2. Exact name of the Corporation <b>Nationwide Better Health, Inc.</b>			
3. Principal Office Address <b>One Nationwide Plaza, 1-38-401</b>			City <b>Columbus</b>	State <b>OH</b>	Zip <b>43215</b>
4. NAICS Code <b>524114</b>		6. Brief description of the character of business conducted in Rhode Island <b>The company provides population health management</b>			
5. State of Incorporation <b>Maryland</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Terri L. Hill</b>			Vice-President Name		
Street Address <b>One Nationwide Plaza</b>			Street Address		
City <b>Columbus</b>	State <b>OH</b>	Zip <b>43215</b>	City	State	Zip
Secretary Name <b>Robert W. Horner, III</b>			Treasurer Name		
Street Address <b>One Nationwide Plaza</b>			Street Address		
City <b>Columbus</b>	State <b>OH</b>	Zip <b>43215</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mark W. Beres</b>			Director Name		
Street Address <b>One Nationwide Plaza</b>			Street Address		
City <b>Columbus</b>	State <b>OH</b>	Zip <b>43215</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0	0	0
11. 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. <i>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</i>					
Name of Authorized Representative <b>Robert W. Horner, III, Secretary</b>					Date
Signature of Authorized Representative 					<b>FILED</b> SIGN DOCUMENT HERE <b>MAY 20 2019</b> BY  <b>BMJCW 12:13</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov