

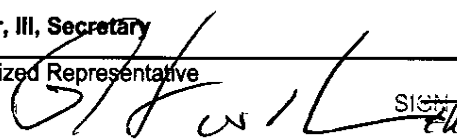
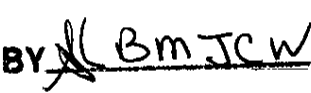


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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 12:09
SECRETARY OF STATE
CORPORATION

| | | | | | |
|--|--------------------|---|---|--------------------|--|
| 1. Entity ID Number 000151916 | | 2. Exact name of the Corporation Nationwide Better Health, Inc. | | | |
| 3. Principal Office Address One Nationwide Plaza, 1-38-401 | | | City Columbus | State OH | Zip 43215 |
| 4. NAICS Code 524114 | | 6. Brief description of the character of business conducted in Rhode Island The company provides population health management | | | |
| 5. State of Incorporation Maryland | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Terri L. Hill | | | Vice-President Name | | |
| Street Address One Nationwide Plaza | | | Street Address | | |
| City Columbus | State OH | Zip 43215 | City | State | Zip |
| Secretary Name Robert W. Horner, III | | | Treasurer Name | | |
| Street Address One Nationwide Plaza | | | Street Address | | |
| City Columbus | State OH | Zip 43215 | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Mark W. Beres | | | Director Name | | |
| Street Address One Nationwide Plaza | | | Street Address | | |
| City Columbus | State OH | Zip 43215 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | |
| | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | | | |
| | | | | | |
| 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. 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. | | | | | |
| Name of Authorized Representative Robert W. Horner, III, Secretary | | | | | Date |
| Signature of Authorized Representative  | | | | | FILED MAY 20 2019 BY  12:12 |

SIGN DOCUMENT HERE