

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64749		2. Name of Corporation CORVEL HEALTHCARE CORPORATION			
3. Street Address Principal Business Office 2010 MAIN ST, #600			City IRVINE	State CA	Zip 92614
4. Business Phone No. 949 838-1916		5. State of Incorporation CA			6. SIC Code 561900
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED CARE; COST CONTAINMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name V GORDON CLEMONS			Vice President Name DON McFARLANE		
Street Address 2010 MAIN ST, #600			Street Address 601 SW 2ND ST, #1400		
City IRVINE	State CA	Zip 92614	City PORTLAND	State OR	Zip 97204
Secretary Name RICHARD SCHWEPPE			Treasurer Name RICHARD SCHWEPPE		
Street Address 2010 MAIN ST, #600			Street Address 2010 MAIN ST, #600		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name V GORDON CLEMONS			Director Name DON McFARLANE		
Street Address 2010 MAIN ST, #600			Street Address 601 SW 2ND ST, #1400		
City IRVINE	State CA	Zip 92614	City PORTLAND	State OR	Zip 97204
Director Name RICHARD SCHWEPPE			Director Name		
Street Address 2010 MAIN ST, #600			Street Address		
City IRVINE	State CA	Zip 92614	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	COMMON	1.00	640	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	2/3/05
Check No.	7747
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Richard Schweppe 1/26/2005
Signature of Officer Date
RICHARD SCHWEPPE
Print or Type Name of Officer
CFO/SEC/TREAS
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64749		2. Name of Corporation CorVel Healthcare Corporation	
3. Street Address Principal Business Office 2010 MAIN STREET, #600		City IRVINE	State CA
4. Business Phone No. 9498511473		5. State of Incorporation CALIFORNIA	6. SIC Code 6324
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED CARE			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name V GORDON CLEMONS			Vice President Name DON McFARLANE		
Street Address 2010 MAIN ST, #600			Street Address 601 SW 2ND AVE, #1400		
City IRVINE	State CA	Zip 92614	City PORTLAND	State OR	Zip 97204
Secretary Name RICHARD SCHWEPPE			Treasurer Name RICHARD SCHWEPPE		
Street Address 2010 MAIN ST, #600			Street Address 2010 MAIN ST, #600		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name V GORDON CLEMONS			Director Name DON McFARLANE		
Street Address 2010 MAIN ST, #600			Street Address 601 SW 2ND AVE, #1400		
City IRVINE	State CA	Zip 92614	City PORTLAND	State OR	Zip 97204
Director Name RICHARD SCHWEPPE			Director Name		
Street Address 2010 MAIN ST, #600			Street Address		
City IRVINE	State CA	Zip 92614	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1,000,000	COMM	\$1.00

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES Number of Shares	Class/Series	Par Value
640	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



6 4 7 4 9

64749 FBC 02/26/04 12:26:21 PM

File Date 3-1-04

Check No. 7609

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/26/2004

Signature of Officer RICHARD SCHWEPPE

Date

Print or Type Name of Officer

SEC

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *64749*		2. Name of Corporation CorVel Healthcare Corporation			
3. Street Address Principal Business Office 2010 MAIN STREET, #600			City IRVINE	State CA	Zip 92614
4. Business Phone No. 9498511473		5. State of Incorporation CALIFORNIA			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED CARE					

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name V GORDON CLEMONS			Vice President Name		
Street Address 2010 MAIN ST, #600			Street Address		
City IRVINE	State CA	Zip 92614	City	State	Zip
Secretary Name RICHARD SCHWEPPE			Treasurer Name RICHARD SCHWEPPE		
Street Address 2010 MAIN ST, #600			Street Address 2010 MAIN ST, #600		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name V GORDON CLEMONS			Director Name RICHARD SCHWEPPE		
Street Address 2010 MAIN ST, #600			Street Address 2010 MAIN ST, #600		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	COMM	\$1.00 PAR VALUE	640	COMM	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

**64749* 2/13/03 6:29:17 PM*

File Date 2/19/03

Check No. 7331

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/13/2003

Signature of Officer Date

RICHARD SCHWEPPE

Print or Type Name of Officer

CFO, SEC, TREAS

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64749** 2. Name of Corporation **CorVel Healthcare Corporation**

3. Street Address Principal Business Office **2010 MAIN ST, #1020** City **IRVINE** State **CA** Zip **92614**

4. Business Phone No. **949 851-1473** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **561900**

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **V GORDON CLEMONS**
Street Address **2010 MAIN ST, #1020**
City **IRVINE** State **CA** Zip **92614**

Vice President Name **DON MCFARLANE**
Street Address **601 SW 2nd ST, #1400**
City **PORTLAND** State **OR** Zip **97204**

Secretary Name **RICHARD SCHWEPPE**
Street Address

Treasurer Name **RICHARD SCHWEPPE**
Street Address

City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **V GORDON CLEMONS**
Street Address **2010 MAIN ST, #1020**
City **IRVINE** State **CA** Zip **92614**

Director Name **DON MCFARLANE**
Street Address **601 SW 2nd ST, #1400**
City **PORTLAND** State **OR** Zip **97204**

Director Name **RICHARD SCHWEPPE**
Street Address **2010 MAIN ST #1020**
City **IRVINE** State **CA** Zip **92614**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
640 Comm 1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

File Date: 3/15/01

Check No.: 7134

By: COMA

FOR SECRETARY OF STATE USE ONLY

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.

Richard Schweppe 3/18/2002
Signature of Officer Date

RICHARD SCHWEPPE
Print or Type Name of Officer

CFO/SEC/TREAS
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64749** 2. Name of Corporation **CorVel Healthcare Corporation**

3. Street Address Principal Business Office
2010 MAIN ST, #1020 City **IRUINE** State **CA** Zip **92614**

4. Business Phone No. **949-851-1473** 5. State of Incorporation **CALIFORNIA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>President Name V. GORDON CLEMONS</p> <p>Street Address 2010 MAIN ST, #1020</p> <p>City IRUINE State CA Zip 92614</p> <p>Secretary Name RICHARD SCHWEPPE</p> <p>Street Address 2010 MAIN ST, #1020</p> <p>City IRUINE State CA Zip 92614</p>	<p>Vice President Name DON MCFARLANE</p> <p>Street Address 601 SW SECOND AVE, #1400</p> <p>City PORTLAND State OR Zip 97201</p> <p>Treasurer Name RICHARD SCHWEPPE</p> <p>Street Address 2010 MAIN ST, #1020</p> <p>City IRUINE State CA Zip 92614</p>
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name V GORDON CLEMONS</p> <p>Street Address 2010 MAIN ST, #1020</p> <p>City IRUINE State CA Zip 92614</p> <p>Director Name RICHARD SCHWEPPE</p> <p>Street Address 2010 MAIN ST, #1020</p> <p>City IRUINE State CA Zip 92614</p>	<p>Director Name DON MCFARLANE</p> <p>Street Address 601 SW SECOND AVE #1400</p> <p>City PORTLAND State OR Zip 97201</p> <p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

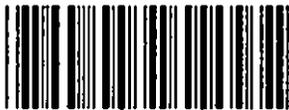
Number of Shares	Class/Series	Par Value
1,000,000	COMM	\$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
640	COMM	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

File Date: 3/8

Check No.: 6821

By: [Signature]

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.

[Signature] 3/2/2001
Signature of Officer Date

RICHARD SCHWEPPE
Print or Type Name of Officer

CEO/SEC/TREAS
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64749** 2. Name of Corporation **CorVel Healthcare Corporation**

3. Street Address Principal Business Office **2010 MAIN ST, #1020** City **IRVINE** State **CA** Zip **92614**

4. Business Phone No. **(949) 851-1473** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **6324**

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED CARE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>President Name V. GORDON CLEMONS Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614 Secretary Name RICHARD SCHWEPPE Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614</p>	<p>Vice President Name LOUIS SILVERMAN Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614 Treasurer Name RICHARD SCHWEPPE Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

<p>Director Name V. GORDON CLEMONS Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614</p>	<p>Director Name LOUIS SILVERMAN Street Address 2010 MAIN ST, #1020 City IRVINE State CA Zip 92614</p>
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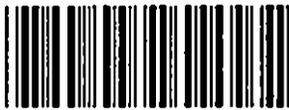
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
1,000,000	COMMON	1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
640	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

File Date: 7-25-00

Check No.: 6596

By: RS

FOR SECRETARY OF STATE USE ONLY

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.

Richard Schweppe 7/19/2000
Signature of Officer Date

Richard Schweppe
Print or Type Name of Officer

CFO
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64749		2. Name of Corporation CorVel Healthcare Corporation		
3. Street Address Principal Business Office 2010 MAIN ST, #1020		City IRVINE	State CA	Zip 92614
4. Business Phone No. (949) 851-1473		5. State of Incorporation CALIFORNIA		6. SIC Code 6324
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGED HEALTHCARE; COST CONTAINMENT				

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name V. GORDON CLEMONS			Vice President Name LOUIS SILVERMAN		
Street Address 2010 MAIN ST, #1020			Street Address 2010 MAIN ST, #1020		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614
Secretary Name RICHARD SCHWEPPE			Treasurer Name RICHARD SCHWEPPE		
Street Address 2010 MAIN ST, #1020			Street Address 2010 MAIN ST, #1020		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name V. GORDON CLEMONS			Director Name LOUIS SILVERMAN		
Street Address 2010 MAIN ST, #1020			Street Address 2010 MAIN ST, #1020		
City IRVINE	State CA	Zip 92614	City IRVINE	State CA	Zip 92614
Director Name DANIEL H DAVIS			Director Name		
Street Address 1210 NORTHBROOK DR #420			Street Address		
City TREVOSE	State PA	Zip 19053	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000,000	COMMON	1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
640	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

File Date: 1-7-99
5898
Check No.: _____
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/4/99
Signature of Officer Date
Richard Schweppe
Print or Type Name of Officer
Sec, Treas
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64749** 2. Name of Corporation **CorVel Healthcare Corporation**

3. Street Address Principal Business Office **2010 main st, #1020** City **IRVINE** State **CA** Zip **92614**

4. Business Phone No. **(714) 851-1473** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **6324**

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED HEALTHCARE: COST CONTAINMENT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **V GORDON CLEMONS** Vice President Name **LOUIS SILVERMAN**

Street Address **2010 MAIN ST, #1020** Street Address **2010 MAIN ST, #1020**

City **IRVINE** State **CA** Zip **92614** City **IRVINE** State **CA** Zip **92614**

Secretary Name **LARRY LIEWER** Treasurer Name **RICHARD SCHWEPPE**

Street Address **1300 SW FIFTH ST, #2500** Street Address **2010 MAIN ST, #1020**

City **PORTLAND** State **OR** Zip **97201** City **IRVINE** State **CA** Zip **92614**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **V GORDON CLEMONS** Director Name **LOUIS SILVERMAN**

Street Address **2010 MAIN ST, #1020** Street Address **2010 MAIN ST, #1020**

City **IRVINE** State **CA** Zip **92614** City **IRVINE** State **CA** Zip **92614**

Director Name **DANIEL H DAVIS** Director Name

Street Address **1210 NORTHBROOK DR, #420** Street Address

City **TREVOSE** State **PA** Zip **19053** City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000,000	common	1.00

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	640	common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 12/9/98
Check No.: 5137
By: [Signature]

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.

Signature of Officer: Richard Schweppe Date: 1/22/98
Richard Schweppe
Print or Type Name of Officer: CFO
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64749** 2. Name of Corporation **CorVel Healthcare Corporation**

3. Street Address Principal Business Office **1920 MAIN ST, #1090** City **IRVINE** State **CA** Zip **92614**
4. Business Phone No. **(714) 851-1473** 5. State of Incorporation **CALIFORNIA** 6. SIC Code **6324**

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGED HEALTHCARE COST CONTAINMENT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name V GORDON CLEMONS	Vice President Name LOUIS SILVERMAN
Street Address 1920 MAIN ST, #1090	Street Address 1920 MAIN ST, #1090
City State Zip IRVINE ca 92614	City State Zip IRVINE ca 92614
Secretary Name LARRY LIEWER	Treasurer Name RICHARD SCHWEPPE
Street Address 1300 SW FIFTH ST, #2500	Street Address 1920 MAIN ST, #1090
City State Zip PORTLAND OR	City State Zip IRVINE CA 92614

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name V GORDON CLEMONS	Director Name LOUIS SILVERMAN
Street Address 1920 MAIN ST, #1090	Street Address 1920 MAIN ST, #1090
City State Zip IRVINE CA 92614	City State Zip IRVINE CA 92614
Director Name DANIEL H DAVIS	Director Name
Street Address 1210 NORTHBROOK DRIVE, #420	Street Address
City State Zip TREVOSE PA 19053	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,000	common	1.00	640	common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 6 4 7 4 9 *

File Date: 1/17/97
Check No.: 4556
By: [Signature]

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.
Richard Schweppe 1/24/97
Signature of Officer Date
Richard Schweppe
Print or Type Name of Officer
CFO
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64749		2. NAME OF CORPORATION CorVel Healthcare Corporation			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1920 MAIN ST., #1090, IRVINE			CITY IRVINE	STATE CA	ZIP CODE 92714
4. BUSINESS PHONE NO. (714) 851-1473		5. STATE OF INCORPORATION CALIFORNIA			6. SIC CODE 6324
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND MANAGED HEALTHCARE					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME V. GORDON CLEMONS			VICE PRESIDENT NAME LOUIS SILVERMAN		
STREET ADDRESS 1920 MAIN ST., #1090			STREET ADDRESS 1920 MAIN ST., #1090		
CITY IRVINE	STATE CA	ZIP CODE 92714	CITY IRVINE	STATE CA	ZIP CODE 92714
SECRETARY NAME RICHARD SCHWEPPE			TREASURER NAME RICHARD SCHWEPPE		
STREET ADDRESS 1920 MAIN ST., #1090			STREET ADDRESS 1920 MAIN ST., #1090		
CITY IRVINE	STATE CA	ZIP CODE 92714	CITY IRVINE	STATE CA	ZIP CODE 92714
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME V. GORDON CLEMONS			DIRECTOR NAME LOUIS SILVERMAN		
STREET ADDRESS 1920 MAIN ST., #1090			STREET ADDRESS 1920 MAIN, ST., #1090		
CITY IRVINE	STATE CA	ZIP CODE 92714	CITY IRVINE	STATE CA	ZIP CODE 92714
DIRECTOR NAME DANIEL DAVIS			DIRECTOR NAME		
STREET ADDRESS 1210 NORTHBROOK DR., #410			STREET ADDRESS		
CITY TREVOSE	STATE PA	ZIP CODE 19053	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000,000	common	1.00	640	common	1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Richard Schweppe
Signature of Officer

RICHARD SCHWEPPE
Print or Type Name of Officer

SEC / TRES
Title of Officer

3/1/96
Date

File Date:

3-4-96

Check No:

3231

By:

WP

For Secretary of State Use Only



ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0054749 Annual Report for the year: 1995

Name of Corporation: Corvel Healthcare Corporation

Business entity organized under the laws of the State of: California
 For foreign entity, address and telephone number of principal office:
1920 Main St., #1090
Irvine, CA 92714

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (714) 851-1473
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
NONE

Brief statement of the character of business conducted in Rhode Island:
Managed Health care and case management.

Phone: ()

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT V. Gordon Clemons	1920 Main St., #1090,	Irvine, CA	92714
VICE PRESIDENT Dan Davis	1210 Northbrook Dr., #410,	Trevose, PA	19053
SECRETARY Richard Schweppe	1920 Main St., #1090,	Irvine, CA	92714
TREASURER RICHARD Schweppe	1920 Main St., #1090,	Irvine, CA	92714

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
V. Gordon Clemons	1920 Main St., #1090,	Irvine, CA	92714
Dan Davis	1210 Northbrook Dr., #410	Trevose, PA	19053
Bennie S. Hamlin	1720 S. Bellaire, #1010	Denver, CO	80222

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1,000,000	Common	640	Common

Date Jan 10, 1995

By: Richard Schweppe
 Richard Schweppe
PRINT OR TYPE NAME OF OFFICER SIGNING
 SECRETARY
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PRENTICE-HALL CORP SYSTEM
 170 WESTMINSTER STREET, SUITE 900
 PROVIDENCE RI 02903

FILED
 JAN 13 1995
 By WJ 2/15

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations,
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

0064749

1994

Corporate ID: _____ Annual Report for the year: _____
Corvel Healthcare Corporation

Name of Business Entity: _____

Business entity organized under the laws of the State of: California

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office:
2121 S.W. Broadway Ste 333
Portland, OR 97201

Phone: (503) 222-3144

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
Inactive - none

Phone: () _____

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Brief statement of the character of business conducted in Rhode Island:
Inactive

Date of Organization: 12/8/78

Date of Qualification to do business in Rhode Island (if foreign entity):
7/1/91

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
V. Gordon Clemons	1920 Main St #1090	Irvine, CA	92714
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)			
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
Larry Liewer	2121 S.W. Broadway Ste 333	Portland, OR	97201
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
V. Gordon Clemons	1920 Main St #1090	Irvine, CA	92714
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1,000,000	NUMBER 640
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR \$1.00/per share WITHOUT PAR	PAR VALUE OR \$640 (\$1.00 per share) WITHOUT PAR

FILED
FEB 16 1994
By 82803 JB

By: Larry Liewer

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

1005 9B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0064749 Annual Report for the year 1993

FIRST: The name of the corporation is CorVel Healthcare Corporation

SECOND: It is incorporated under the laws of California

THIRD: Character of business, briefly stated, is Medical Cost Containment services

FOURTH: If foreign corporation, address of its principal office.....

CorVel Corporation 1920 Main St., Suite 1090 Irvine, CA 92714

FIFTH: Business address in Rhode Island.....

Prentice-Hall Corp. Services, Inc. 101 Dyer St., Suite 3-A Providence RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
V. Gordon Clemons	Director	1920 Main St., Suite 1090 Irvine CA 92714
Daniel Davis	Director	1210 Northbrook, Suite 410 Trevese PA 19053
Bennie Hamlin	Director	1720 Bellaire, Suite 1010 Denver, CO 80222
V. Gordon Clemons	President	1920 Main St., Suite 1090 Irvine, CA 92714
Michael Wilson	Vice President	2121 SW Broadway, Suite 333 Portland, OR 97201
Larry Liewer	Secretary	2121 SW Broadway, Suite 333 Portland, OR 97201
Richard Schweppe	Treasurer	1920 Main St., Suite 1090, Irvine, CA 92714

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
20,000,000	Common Stock		.0001

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3,691,349	Common Stock		.0001

PAID

JAN 29 1993

SECY OF STATE

Dated January 25, 1993

CorVel Healthcare Corporation
(Name of Corporation)

By Richard Schweppe

Title Treasurer

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

100
7/10/92

Corporate ID 0054749 Annual Report for the year 1992

FIRST: The name of the corporation is FORTIS Healthcare Corporation

SECOND: It is incorporated under the laws of CALIF.

THIRD: Character of business, briefly stated, is VOCATIONAL REHABILITATION AND MEDICAL MANAGEMENT SERVICES

FOURTH: If foreign corporation, address of its principal office 2121 SW BROADWAY #333 PORTLAND, OR 97201

FIFTH: Business address in Rhode Island NONE - REG AGENT - ADDRESS ~~STATE~~ CT. CORPORATION SYSTEM 123 DRYER ST. PROVIDENCE, 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
<u>V. GORDON CLEMENS</u>	Director	<u>1920 MAIN ST. # 1080</u>
<u>PREST DIR.</u>	President	<u>IRVINE, CA 92714</u>
	Vice President	
<u>LARRY LIEWER</u>	Secretary	<u>2121 SW BROADWAY # 333, PORTLAND, OR 97201</u>
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000,000</u>	<u>COMMON</u>	<u>PAID</u>	<u>NO PAR</u>

FEB 03 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>640</u>	<u>COMMON</u>		<u>NO PAR</u>

Dated 1-27 19 91

FORTIS HEALTHCARE CORP.
(Name of Corporation)

By Larry Liewer

Title SECRETARY

(Report must be signed by an officer)