



**State of Rhode Island
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: 2021

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

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524114

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	Address
PRESIDENT	J. MICHAEL JERNIGAN	4390 BELLE OAKS DRIVE,SUITE 400 NORTH CHARLESTON, SC 29405 USA
TREASURER	STEVEN H. BOHNER	200 STEVENS DRIVE

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

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
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 25 Day of February, 2021 at 8:05:23 AM. *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 JEREMY PUENTES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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