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

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 000866247

2. Exact Name of the Limited Liability Company PMSI, LLC

3. State of Formation

State: FL

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.

621610

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PHARMACY BENEFITS MANAGER AND PROVIDER OF ANCILLARY HEALTH CARE SERVICES FOR
WORKERS' COMPENSATION AND AUTO NO-FAULT CLAIMS.

5. Principal Office Address

No. and Street: 175 KELSEY LANE
City or Town: TAMPA State: FL Zip: 33619 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 6410 POPLAR AVE.
SUITE 800
City or Town: MEMPHIS State: TN Zip: 38119 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

MANAGER	DAVID JOHN OBERG	2300 MAIN STREET IRVINE, CA 92614 USA
MANAGER	HEATHER ANASTASIA LANG	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
MANAGER	JOHN WILLIAM BENCIVENGA	175 KELSEY LANE TAMPA, FL 33619 USA
MANAGER	KAREN ELIZABETH PETERSON	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
MANAGER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
MANAGER	DAVID WAYNE YOUNG	7105 MOORES LANE BRENTWOOD, TN 37027 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of September, 2021 at 1:29:12 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07