

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

**HEALTH MANAGEMENT CORPORATION**

SCC ID NO: **02425460**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 MONUMENT CIRCLE

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PAUL MARTINO  
TITLE: DIR/PRES  
ADDRESS: 370 BASSET ROAD  
CITY/ST/ZIP/CO: NORTH HAVEN, CT 06473-

OFFICER

DIRECTOR

NAME: R DAVID KRETSCHMER  
TITLE: TREASURER  
ADDRESS: 120 MONUMENT CIR  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: KATHLEEN S KIEFER  
TITLE: SECRETARY  
ADDRESS: 120 MONUMENT CIRCLE  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

NAME: CATHERINE I KELAGHAN  
TITLE: DIRECTOR  
ADDRESS: 120 MONUMENT CIRCLE  
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHLEEN S KIEFER  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

KATHLEEN S KIEFER,  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

5/13/2011

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.