

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215529142

1.) CORPORATION NAME:

VIRGINIA ASSOCIATION OF HEALTH PLANS

DUE DATE: **8/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGINALD N. JONES
200 SOUTH 10TH STREET, SUITE 1600
P.O. BOX 1320**

SCC ID NO: **02751444**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1111 EAST MAIN STREET
SUITE 910

CITY/ST/ZIP: RICHMOND, VA 23219

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:	THOMAS GROTE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	509 PROGRESS DRIVE		
CITY/ST/ZIP/CO:	SUITE 118 LINTHICUM, MD 21090		

NAME:	PATRICK GILLESPIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	499 WASHINGTON BOULEVARD		
CITY/ST/ZIP/CO:	JERSEY CITY, NJ 07310		

NAME:	JAMES PARROTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	600 EAST BROAD STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23219		

NAME:	JOHN FLEIG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	800 KING FARM BOULEVARD		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20850		

NAME:	KIMBERLY K. HORN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2101 E. JEFFERSON ST		
CITY/ST/ZIP/CO:	ROCKVILLE, MD 20852		

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.

<u>/s/ THOMAS GROTE</u>	<u>THOMAS GROTE, PRESIDENT</u>	<u>8/3/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.