

1.) CORPORATION NAME:

DUE DATE: **4/30/2013**

Healthway, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **07504517**

**STEVEN D GRAVELY
1001 HAXALL POINT 10TH FL
PO BOX 1122**

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: 1760 Old Meadow Road
Suite 500

CITY/ST/ZIP: McLean, VA 22102

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Michael Matthews	
TITLE:	CHAIRMAN	
ADDRESS:	2201 West Broad Street	
	Suite 202	
CITY/ST/ZIP/CO:	Richmond, VA 23220	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Paul Matthews	
TITLE:	TREASURER	
ADDRESS:	1881 SW Naito Parkway	
CITY/ST/ZIP/CO:	Portland, OR 97201	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jan Root	
TITLE:	DIRECTOR	
ADDRESS:	6056 Fashion Square Drive	
CITY/ST/ZIP/CO:	Salt Lake City, UT 84107	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mariann Yeager	
TITLE:	SECRETARY	
ADDRESS:	706 Timber Branch Drive	
CITY/ST/ZIP/CO:	Alexandria, VA 22302	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Jeff Cunningham	
TITLE:	DIRECTOR	
ADDRESS:	1801 West End Avenue	
	Suite 1000	
CITY/ST/ZIP/CO:	Nashville, TN 37203	

NAME: Peter DeVault TITLE: DIRECTOR ADDRESS: 1979 Milky Way CITY/ST/ZIP/CO: Verona, WI 53593	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jamie Ferguson TITLE: DIRECTOR ADDRESS: One Kaiser Plaza CITY/ST/ZIP/CO: Oakland, CA 94612	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Jeri Lynn Kirschner TITLE: DIRECTOR ADDRESS: 225 Santa Monica Blvd 10th Floor CITY/ST/ZIP/CO: Santa Monica, CA 90401	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Devin Jopp TITLE: DIRECTOR ADDRESS: 1984 Isaac Newton Square Suite 304 CITY/ST/ZIP/CO: Reston, VA 20190	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Joyce Sensmeier TITLE: DIRECTOR ADDRESS: 33 West Monroe Street Suite 1700 CITY/ST/ZIP/CO: Chicago, IL 60603	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Whitlinger TITLE: DIRECTOR ADDRESS: 40 Worth Street 5th Floor CITY/ST/ZIP/CO: New York, NY 10013	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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/ Mariann Yeager	Mariann Yeager, SECRETARY	6/19/2013
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.		