

1.) CORPORATION NAME:

PHYSICIANS HEALTH PLAN OF MARYLAND, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6803**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MD

DUE DATE: **4/30/2011**

SCC ID NO: **F0478299**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	800,000
COMV	800,000
COMNV	400,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 KING FARM BLVD

CITY/ST/ZIP: ROCKVILLE, MD 20850-

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: JAMES P CRONIN, JR.
TITLE: P/CEO
ADDRESS: 800 KING FARM BLVD
CITY/ST/ZIP/CO: ROCKVILLE, MD 20850-

OFFICER DIRECTOR

NAME: MICHELLE M HUNTLEY DILL
TITLE: ASST S
ADDRESS: 9900 BREN RD EAST
CITY/ST/ZIP/CO: MINNETONKA, MN 55343-

OFFICER DIRECTOR

NAME: ROBERT W OBERRENDER
TITLE: TREASURER
ADDRESS: 9900 BREN ROAD EAST
CITY/ST/ZIP/CO: MINNETONKA, MN 55343-

OFFICER DIRECTOR

NAME: SANFORD P COHEN
TITLE: MEDICAL DIR
ADDRESS: 48 MONROE TURNPIKE
CITY/ST/ZIP/CO: TRUMBULL, CT 06611-

OFFICER DIRECTOR

NAME: PATRICIA A BOWEN
TITLE: SECRETARY
ADDRESS: 450 COLUMBUS BOULEVARD
CITY/ST/ZIP/CO: HARTFORD, CT 06103-

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/ MICHELLE M HUNTLEY DILL
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MICHELLE M HUNTLEY DILL,
ASST S
PRINTED NAME AND CORPORATE
TITLE

5/17/2011
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.