

1.) CORPORATION NAME: PHYSICIANS HEALTH PLAN OF MARYLAND, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: 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: VA	DUE DATE: 4/30/2012 SCC ID NO: F0478299 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>800,000</td> </tr> <tr> <td>COMV</td> <td>800,000</td> </tr> <tr> <td>COMNV</td> <td>400,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	800,000	COMV	800,000	COMNV	400,000
CLASS	AUTHORIZED								
COMMON	800,000								
COMV	800,000								
COMNV	400,000								

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 800 King Farm Boulevard 5th & 6th Floors 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 PATRICK CRONIN, JR. TITLE: P/CEO ADDRESS: 800 KING FARM BLVD CITY/ST/ZIP/CO: ROCKVILLE, MD 20850	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Carmel Colica TITLE: SECRETARY ADDRESS: 48 Monroe Turnpike CITY/ST/ZIP/CO: Trumbull, CT 06611	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHELLE MARIE HUNTLEY DILL TITLE: ASST SECRETARY ADDRESS: 9900 Bren Raod East CITY/ST/ZIP/CO: Minnetonka, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: ROBERT WORTH OBERRENDER TITLE: TREASURER ADDRESS: 9900 BREN ROAD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Richard Alexander Collins TITLE: DIRECTOR ADDRESS: 7440 Woodland Drive CITY/ST/ZIP/CO: Indianapolis, IN 46278	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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 MARIE HUNTLEY DILL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE MARIE HUNTLEY DILL, PRINTED NAME AND CORPORATE TITLE	3/27/2012 DATE
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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.