

1.) CORPORATION NAME:

**Catalyst Rx Plan Services Insurance Company**

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1062126**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 King Farm Blvd.  
4th Floor

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:	David Blair	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	800 King Farm Blvd. 4th Floor		
CITY/ST/ZIP/CO:	Rockville, MD 20850		

NAME:	Richard Bates	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 King Farm Blvd. 4th Floor		
CITY/ST/ZIP/CO:	Rockville, MD 20850		

NAME:	Timothy Pearson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	800 King Farm Blvd. 4th Floor		
CITY/ST/ZIP/CO:	Rockville, MD 20850		

NAME:	Benjamin Preston	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	800 King Farm Blvd. 4th Floor		
CITY/ST/ZIP/CO:	Rockville, MD 20850		

NAME:	Mark McElroy	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 King Farm Blvd. 4th Floor		
CITY/ST/ZIP/CO:	Rockville, MD 20850		

NAME: Norman Storbakken TITLE: DIRECTOR ADDRESS: 800 King Farm Blvd. 4th Floor CITY/ST/ZIP/CO: Rockville, MD 20850	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Wayne Dix TITLE: DIRECTOR ADDRESS: 800 King Farm Blvd. 4th Floor CITY/ST/ZIP/CO: Rockville, MD 20850	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Susan Berson TITLE: DIRECTOR ADDRESS: 800 King Farm Blvd. 4th Floor CITY/ST/ZIP/CO: Rockville, MD 20850	<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/ Benjamin Preston	Benjamin Preston, SECRETARY	5/1/2012
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.		