

1.) CORPORATION NAME: CorVel Healthcare Corporation 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: CA	DUE DATE: 10/31/2015 SCC ID NO: F1098666 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2010 MAIN STREET #600 CITY/ST/ZIP: IRVINE, CA 92614
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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: V GORDON CLEMONS TITLE: PRESIDENT ADDRESS: 2010 MAIN STREET #600 CITY/ST/ZIP/CO: IRVINE, CA 92614	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: RICHARD J SCHWEPPE TITLE: S/T ADDRESS: 2010 MAIN ST #600 CITY/ST/ZIP/CO: IRVINE, CA 92614	<input checked="" 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/ RICHARD J SCHWEPPE	RICHARD J SCHWEPPE, S/T	10/15/2015
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.