

1.) CORPORATION NAME:

**EBS-RMSCO, Inc.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1534447**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	450

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 115 CONTINUUM DR

CITY/ST/ZIP: LIVERPOOL, NY 13088

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 type="checkbox"/> DIRECTOR
NAME:	GREGORY COHEN	
TITLE:	ASST SECRETARY	
ADDRESS:	115 CONTINUUM DR	
CITY/ST/ZIP/CO:	LIVERPOOL, NY 13088	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOROTHY ANN COLEMAN	
TITLE:	CFO	
ADDRESS:	EXCELLUS HEALTH PLAN, INC.	
	165 COURT STREET	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARGARET CASSADY	
TITLE:	ASST SECRETARY	
ADDRESS:	EXCELLUS HEALTH PLAN, INC.	
	333 BUTTERNUT DRIVE	
CITY/ST/ZIP/CO:	SYRACUSE, NY 13214	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN R. SLOAN	
TITLE:	SECRETARY	
ADDRESS:	EXCELLUS HEALTH PLAN, INC.	
	165 COURT STREET	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHRISTOPHER CAHILL BOOTH	
TITLE:	DIRECTOR	
ADDRESS:	EXCELLUS HEALTH PLAN, INC.	
	165 COURT STREET	
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS D CAUTHORN	
TITLE:	ASST SECRETARY	
ADDRESS:	115 CONTINUUM DRIVE	
CITY/ST/ZIP/CO:	LIVERPOOL, NY 13088	

NAME:	JAMES C HAEFNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	165 COURT STREET		
CITY/ST/ZIP/CO:	ROCHESTER, NY 14647		

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/ DOROTHY ANN COLEMAN	DOROTHY ANN COLEMAN, CFO	12/20/2013
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.