

1.) CORPORATION NAME:

America's Health Care/Rx Plan Agency, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1556077**

5.) STOCK INFORMATION

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| CLASS | AUTHORIZED |
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 NW Compton Dr.
2nd Floor

CITY/ST/ZIP: Beaverton, OR 97006

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.

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|-----------------|-----------------------------|---|-----------------------------------|
| NAME: | CHARLES HARRIS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 4929 WEST ROYAL LANE | | |
| CITY/ST/ZIP/CO: | STE 200 IRVING, TX 75063 | | |

| | | | |
|-----------------|-------------------------|---|-----------------------------------|
| NAME: | AARON GODDARD | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 500 WEST FIFTH STREET | | |
| CITY/ST/ZIP/CO: | WINSTON-SALEM, NC 27101 | | |

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|-----------------|------------------------------------|---|-----------------------------------|
| NAME: | RACHEL SEASHORE | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 7900 SE 28TH STREET | | |
| CITY/ST/ZIP/CO: | STE 400 MERCER ISLAND, WA 98040 | | |

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|-----------------|--------------------|---|-----------------------------------|
| NAME: | PETER RENDALL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | TREASURER | | |
| ADDRESS: | 59 MAIDEN LANE | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038 | | |

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|-----------------|--------------------|---|--|
| NAME: | BARRY KARFUNKEL | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 59 MAIDEN LANE | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10038 | | |

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|--|--|-------------------|-------------------------------------|----------|
| NAME: MICHAEL WEINER TITLE: CFO ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: JEFFREY WEISSMANN TITLE: SECRETARY ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: ROBERT KARFUNKEL TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE CITY/ST/ZIP/CO: NEW YORK, NY 10038 | <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/ AARON GODDARD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | AARON GODDARD, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE | 4/26/2013 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. | | | | |