

1.) CORPORATION NAME:

Valor Healthcare, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1722380**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	19,000,000
PREFER	11,014,783

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4315 50TH ST NW
STE 50

CITY/ST/ZIP: WASHINGTON, DC 20016

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:	ORIE T MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	TIM S MCCLAIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JAMES H BLOEM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO/TR		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	GEORGE G BAUERNFEIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 W MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	HEIDI S MARGULIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	500 W MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JOHN E CRUM, M.D.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF MED OFF		
ADDRESS:	500 W MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME: WILLIAM M ESAKOV TITLE: CHIEF ACTUARY ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: CHARLES F LAMBERT, III TITLE: VICE PRESIDENT ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOAN O LENAHAN TITLE: VP/SECY ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID H LEWIS TITLE: VP - FINANCE ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RAYMOND S PRYOR TITLE: VICE PRESIDENT ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOSEPH C VENTURA TITLE: ASST SECRETARY ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL B MCCALLISTER TITLE: DIRECTOR ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES E MURRAY TITLE: DIRECTOR ADDRESS: 500 W MAIN ST CITY/ST/ZIP/CO: LOUISVILLE, KY 40202	<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/ GEORGE G BAUERNFEIND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GEORGE G BAUERNFEIND, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
10/23/2012 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.	