

1.) CORPORATION NAME:

**Valor Healthcare, Inc.**

DUE DATE: **9/30/2013**

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**

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:	RAYMOND S PRYOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
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:	JOAN O LENAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/SECY		
ADDRESS:	500 W MAIN ST		
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 E MURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 W MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

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/ JOAN O LENAHAN	JOAN O LENAHAN, VP/SECY	9/5/2013
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.