

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525076

1.) CORPORATION NAME:

RxHealth Insurance Agency, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1758111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 WILSHIRE BLVD., 11TH FLOOR

CITY/ST/ZIP: LOS ANGELES, CA 90017

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:	ROBERT SCHNEIDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		
NAME:	MICHAEL CHO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		
NAME:	JAMES PURKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		
NAME:	BRETT CARLSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		
NAME:	ADAM DOLDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		
NAME:	DAVID JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES,		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KROIN DIRECTOR 600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES, LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE PESCE DIRECTOR 600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES, LOS ANGELES, CA 90017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN YING DIRECTOR 600 WILSHIRE BLVD., 11TH FLOOR; LOS ANGELES, LOS ANGELES, CA 90017	<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/ ROBERT SCHNEIDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT SCHNEIDER, PRESIDENT PRINTED NAME AND CORPORATE TITLE	5/13/2014 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.			