

1.) CORPORATION NAME:

**Truven Health Analytics Inc.**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

SCC ID NO: **F1786302**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 777 E. Eisenhower

CITY/ST/ZIP: Ann Arbor, MI 48108

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.

<p>NAME: Mike Boswood TITLE: PRESIDENT &amp; CEO ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Philip Buckingham TITLE: TREASURER &amp; CFO ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Andra Heller TITLE: SECRETARY ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: William Johnston TITLE: VICE PRESIDENT ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: James Bolotin TITLE: CONTROLLER ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Hugh Evans TITLE: DIRECTOR ADDRESS: 590 Madison Avenue 41st Floor CITY/ST/ZIP/CO: New York, NY 10022</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Jeffrey Kelly TITLE: DIRECTOR ADDRESS: 590 Madison Avenue 41st Floor CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Benjamin M. Polk TITLE: DIRECTOR ADDRESS: 590 Madison Avenue 41st Floor CITY/ST/ZIP/CO: New York, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ramzi Musallam TITLE: CHAIRMAN ADDRESS: 590 Madison Avenue 41st Floor CITY/ST/ZIP/CO: New York, NY 10016	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Mike Boswood TITLE: DIRECTOR ADDRESS: 777 E. Eisenhower CITY/ST/ZIP/CO: Ann Arbor, MI 48108	<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/ Mike Boswood	Mike Boswood, PRESIDENT & CEO	4/28/2014
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.		