

1.) CORPORATION NAME:

Truven Health Analytics Inc.

DUE DATE: **4/30/2015**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MIKE BOSWOOD	
TITLE:	PRESIDENT & CEO	
ADDRESS:	777 E. EISENHOWER	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM JOHNSTON	
TITLE:	VICE PRESIDENT	
ADDRESS:	777 E. EISENHOWER	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PHILIP BUCKINGHAM	
TITLE:	TREASURER & CFO	
ADDRESS:	777 E. EISENHOWER	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAMES BOLOTIN	
TITLE:	CONTROLLER	
ADDRESS:	777 E. EISENHOWER	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDRA HELLER	
TITLE:	SECRETARY	
ADDRESS:	777 E. EISENHOWER	
CITY/ST/ZIP/CO:	ANN ARBOR, MI 48108	

	<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	

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
NAME: HUGH EVANS TITLE: DIRECTOR ADDRESS: 590 MADISON AVENUE CITY/ST/ZIP/CO: 41ST FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY KELLY TITLE: DIRECTOR ADDRESS: 590 MADISON AVENUE CITY/ST/ZIP/CO: 41ST FLOOR NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BENJAMIN M. POLK TITLE: DIRECTOR ADDRESS: 590 MADISON AVENUE CITY/ST/ZIP/CO: 41ST FLOOR NEW YORK, NY 10022	<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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MIKE BOSWOOD, PRESIDENT & CEO PRINTED NAME AND CORPORATE TITLE
4/30/2015 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.	