

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213542931
------------------	---	-----------

1.) CORPORATION NAME: <b>Inovalon, Inc.</b>	DUE DATE: <b>7/31/2013</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1795741</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION						
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CLASS</th> <th style="width:70%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>40,000,000</td> </tr> <tr> <td>PREFER</td> <td>2,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	40,000,000	PREFER	2,000,000
CLASS	AUTHORIZED						
COMMON	40,000,000						
PREFER	2,000,000						

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4321 COLLINGTON RD

CITY/ST/ZIP: BOWIE, MD 20716

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: KEITH DUNLEAVY				
TITLE: PRESIDENT				
ADDRESS: 4321 COLLINGTON RD				
CITY/ST/ZIP/CO: BOWIE, MD 20716				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: NATHAN EASTMAN				
TITLE: CFO & Treasurer				
ADDRESS: 4321 COLLINGTON RD				
CITY/ST/ZIP/CO: BOWIE, MD 20716				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: DANIEL RIZZO				
TITLE: VICE PRESIDENT				
ADDRESS: 4321 COLLINGTON RD				
CITY/ST/ZIP/CO: BOWIE, MD 20716				

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Shauna Vernal				
TITLE: SECRETARY				
ADDRESS: 4321 COLLINGTON ROAD				
CITY/ST/ZIP/CO: BOWIE, MD 20716				

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: William J Teuber				
TITLE: DIRECTOR				
ADDRESS: 4321 COLLINGTON RD				
CITY/ST/ZIP/CO: BOWIE, MD 20716				

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/ Shauna Vernal	Shauna Vernal, SECRETARY	9/13/2013
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.