

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212554010

1.) CORPORATION NAME:

**FALLON COMMUNITY HEALTH PLAN, INC.**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CTR 16TH FL  
1111 E MAIN ST**

SCC ID NO: **F1878851**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 CHESTNUT ST

CITY/ST/ZIP: WORCESTER, MA 01608

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: Alan J Gayer  
 TITLE: DIRECTOR  
 ADDRESS: 10 Chestnut St  
 CITY/ST/ZIP/CO: One Chestnut PL  
 Worcester, MA 01608

OFFICER       DIRECTOR

NAME: David R Grenon  
 TITLE: DIRECTOR  
 ADDRESS: 10 Chestnut St  
 CITY/ST/ZIP/CO: One Chestnut PL  
 Worcester, MA 01608

OFFICER       DIRECTOR

NAME: W. Patrick Hughes  
 TITLE: PRESIDENT  
 ADDRESS: 10 Chestnut St  
 CITY/ST/ZIP/CO: One Chestnut PL  
 Worcester, MA 01608

OFFICER       DIRECTOR

NAME: David W. Hillis  
 TITLE: CHAIRMAN  
 ADDRESS: 107 Lincoln Street  
 CITY/ST/ZIP/CO: Worcester, MA 01605

OFFICER       DIRECTOR

NAME: Richard P. Houlihan  
 TITLE: VICE CHAIRMAN  
 ADDRESS: 10 Chestnut Street  
 CITY/ST/ZIP/CO: One Chestnut Place  
 Worcester, MA 01608

OFFICER       DIRECTOR

NAME: Christian W. McCarthy TITLE: TREASURER ADDRESS: Assumption College 500 Salisbury Street CITY/ST/ZIP/CO: Worcester, MA 01609-1296	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Frederick M. Misilo, Jr. TITLE: DIRECTOR ADDRESS: 370 Main Street, 12th Floor CITY/ST/ZIP/CO: Worcester, MA 01608	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Joseph N. Stolberg TITLE: DIRECTOR ADDRESS: 41 Elm Street CITY/ST/ZIP/CO: Worcester, MA 01609	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Ann K. Tripp TITLE: DIRECTOR ADDRESS: 440 Lincoln Street, N-472 CITY/ST/ZIP/CO: Worcester, MA 01653	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Lynda M. Young, M.D. TITLE: DIRECTOR ADDRESS: 11 Otsego Road CITY/ST/ZIP/CO: Worcester, MA 01609	<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/ W. Patrick Hughes SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	W. Patrick Hughes, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/12/2013 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.				