

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P40827

**Entity Name:** SUPERIOR VISION BENEFIT MANAGEMENT, INC.**Current Principal Place of Business:**939 ELKRIDGE LANDING ROAD, SUITE 200  
LINTHICUM, MD 21090**Current Mailing Address:**11090 WHITE ROCK ROAD  
SUITE 175  
RANCHO CORDOVA, CA 95670 US**FEI Number:** 22-2512930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KAREN ROSE

03/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name LUCAS, STEPHANIE J  
Address 325 COLUMBIA TURNPIKE  
SUITE 303  
City-State-Zip: FLORHAM PARK NJ 07932

Title DIRECTOR, CEO  
Name ROTHROCK, KIRK E  
Address 939 ELKRIDGE LANDING ROAD,  
SUITE 200  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name BOXER, MICHAEL E  
Address C/O CENTERBRIDGE PARTNERS, L.P.  
375 PARK AVENUE, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10152

Title DIRECTOR  
Name OSNOSS, DANIEL R  
Address C/O CENTERBRIDGE PARTNERS, L.P.  
375 PARK AVENUE, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10152

Title SENIOR VICE PRESIDENT AND  
CLINICAL DIRECTOR  
Name LEVIN, HOWARD H O.D.  
Address 939 ELKRIDGE LANDING ROAD,  
SUITE 200  
City-State-Zip: LINTHICUM MD 21090

Title TREASURER, DIRECTOR  
Name SILVERBERG, BRIAN D  
Address 939 ELKRIDGE LANDING ROAD,  
SUITE 200  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name KABAKER, MATTHEW S  
Address C/O CENTERBRIDGE PARTNERS, L.P.  
375 PARK AVENUE, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10152

Title SENIOR VICE PRESIDENT  
Name SILVERMAN, JOSHUA  
Address 939 ELKRIDGE LANDING ROAD,  
SUITE 200  
City-State-Zip: LINTHICUM MD 21090

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** GLEN D. MCDONALD**SENIOR VICE PRESIDENT 03/30/2018**  
**OF OPERATIONS**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT  
Name MCDONALD, GLEN D  
Address 11090 WHITE ROCK ROAD  
SUITE 175  
City-State-Zip: RANCHO CORDOVA CA 95670

Title SENIOR VICE PRESIDENT,  
SECRETARY  
Name TAVEL, BRUCE O  
Address 939 ELKRIDGE LANDING ROAD,  
SUITE 200  
City-State-Zip: LINTHICUM MD 21090