

**2016 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:**939 ELKRIDGE LANDING ROAD, SUITE 200  
LINTHICUM, MD 21090 US**FEI Number:** 22-2512930**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEINSTEIN, AUDREY  
7700 CONGRESS AVE  
SUITE 3108  
BOCA RATON, FL 33487 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SENIOR VICE PRESIDENT,  
SECRETARY  
Name WEINSTEIN, AUDREY M  
Address 7700 CONGRESS AVE, SUITE 3108  
City-State-Zip: BOCA RATON FL 33487

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 SENIOR VICE PRESIDENT  
Name HESS, KIMBERLEY D  
Address 11101 WHITE ROCK ROAD  
#150  
City-State-Zip: RANCHO CORDOVA CA 95670

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 SENIOR VICE PRESIDENT  
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 TREASURER, CFO  
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

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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:** AUDREY WEINSTEIN**SVP & SECRETARY****04/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   SENIOR VICE PRESIDENT, HEALTH  
                       PLAN SERVICES  
Name                 WOOD, SANDRA L  
Address             939 ELKRIDGE LANDING ROAD  
                       SUITE 200  
City-State-Zip:    LINTHICUM MD 21090