

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004517

FILED
Feb 27, 2012
Secretary of State

Entity Name: BLUE CROSS & BLUE SHIELD OF RHODE ISLAND, CORP.

Current Principal Place of Business:

500 EXCHANGE STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

500 EXCHANGE STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0158952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S
Name: LEDBERBERG, MICHELE B
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: C
Name: JACOBSON, DEBORAH R
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: D
Name: LOCURTO, CHURCK
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: D
Name: CHRISTIAN, FREDRIC V
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: V
Name: GASBARRO, ERIC
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: V
Name: BUSH, CHRISTOPHER
Address: 500 EXCHANGE STREET
City-St-Zip: PROVIDENCE, RI 02903

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELE LEDERBERG

S

02/27/2012

Electronic Signature of Signing Officer or Director

Date