FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 30 1996 8:00 am
Secretary of State

DOCUMENT # 364687

1. Corporation Name
CAC - United HealthCare Plans of Florida, Inc.

Principal Place of Business
75 Valencia Avenue
Coral Gables, FL 33134

Mailing Address
MR MN08-8313
9900 Bren Road East, #300
Minnetonka, MN 55343

3. Date Incorporated or Qualified: 5/26/1970
3a. Date of Last Report: 5/20/1995

2. Principal Place of Business — 21
Suite, Apt #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1293865 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
C T Corporation System
1200 S. Pine Island Road
Plantation, Florida 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable — (If a Registered Agent is an organization, signature of officer or agent authorized to act on behalf of organization) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	Travers H. Wills	1.2 NAME	
STREET ADDRESS	9900 Bren Road East, #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	1.4 CITY-ST-ZIP	
TITLE	President and Director [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	Blair R. Suellentrop	2.2 NAME	
STREET ADDRESS	2160 Highland Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Birmingham, AL 35205	2.4 CITY-ST-ZIP	
TITLE	V.P., Treasurer and Director [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	David P. Koppe	3.2 NAME	
STREET ADDRESS	9900 Bren Road East, #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	3.4 CITY-ST-ZIP	
TITLE	Secretary [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	Brigid M. Spicola	4.2 NAME	
STREET ADDRESS	9900 Bren Road East, #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	4.4 CITY-ST-ZIP	
TITLE	Executive Vice President [ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME	Mayda C. Antun, M.D.	5.2 NAME	
STREET ADDRESS	75 Valencia Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary [ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME	Kevin H. Roche	6.2 NAME	
STREET ADDRESS	9900 Bren Road East	6.3 STREET ADDRESS	
CITY-ST-ZIP	Minnetonka, MN 55343	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/22/96 (612) 936-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #
Brigid M. Spicola, Secretary