

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F9400000883 (8)**

1. Corporation Name

**THE PRINCIPAL/AMERICA'S HEALTH PLAN, INC.**



Principal Place of Business

711 HIGH STREET  
DES MOINES IA 50392-0300

Mailing Address

711 HIGH STREET  
DES MOINES IA 50392-0300

3. Date Incorporated or Qualified  
**02/22/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**52-1806976**

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:  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 (applicable)

(NOTE: Registered Agent signature required when filing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CAIN, GARY M</b>	
STREET ADDRESS	<b>4312 75TH ST.</b>	
CITY- ST- ZIP	<b>URBANDALE IA 50322</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>LINDE, KENNETH J</b>	
STREET ADDRESS	<b>9435 REACH ROAD</b>	
CITY- ST- ZIP	<b>POTOMAC MD</b>	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	<b>BURROWS, GREGORY D.</b>	
STREET ADDRESS	<b>30506 ADDENBROK WAY</b>	
CITY- ST- ZIP	<b>LAYTONSVILLE MD</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHARLING, JAMES C.</b>	
STREET ADDRESS	<b>2728 ANTELOPE RUN</b>	
CITY- ST- ZIP	<b>ADEL IA</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>JOHNSON, RONALD C.</b>	
STREET ADDRESS	<b>2753 AURORA</b>	
CITY- ST- ZIP	<b>DES MOINES IA</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>HOFFMAN, JOYCE N.</b>	
STREET ADDRESS	<b>5834 PLEASANT DRIVE</b>	
CITY- ST- ZIP	<b>DES MOINES IA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Taylor, Sharon I.</b>
3.3 STREET ADDRESS	<b>202 Lazy Hollow Drive</b>
3.4 CITY- ST- ZIP	<b>Gaithersburg, MD 20878</b>
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Bricker, Mary L.</b>
4.3 STREET ADDRESS	<b>920-29th Street</b>
4.4 CITY- ST- ZIP	<b>Des Moines, IA 50312</b>
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Mrizek, Robert J.</b>
5.3 STREET ADDRESS	<b>22421 Rolling Hill Lane</b>
5.4 CITY- ST- ZIP	<b>Laytonsville, MD 20882</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**100001793511**  
**-04/24/96--01095--026**  
**\*\*\*200.00**

See Attachment A

*Handwritten signature and date*  
4-24-96

SIGNATURE:

*Handwritten signature of Joyce N. Hoffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

515-247-8111

**Hoffman, Vice Pres. and Corporate Secretary**

CR2E034 (12/95)

# F94000000883  
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**Attachment A**  
**America's Health Plan, Inc.**  
**Directors and Officers**

04-Apr-96

**Director**

<b>Name, Social Security #, Title and Date Elected</b>	<b>Address</b>
Gary Merlyn Cain 10/13/95 Chairman	4312 75th Street Urbandale IA 50322
Kenneth Jon Linde 10/13/95	9435 Reach Road Potomac MD 20854
Robert James Mrizek 2/28/96	22421 Rolling Hill lane Laytonsville MD 20882
Sharon Irene Taylor 2/28/96	202 Lazy Hollow Drive Gaithersburg MD 20878

**Officer**

<b>Name, Social Security #, Title and Date Elected</b>	<b>Address</b>
John B. Maas 10/17/95 Chief Operating Officer	17332 Fetchall Road Poolesville MD 20837
Eduardo V. Feito 10/17/95 Chief Financial Officer and Treasurer	12220 Heather Way Herndon VA 22070
Joyce Nixson Hoffman 10/17/95 Vice President and Corporate Secretary	5834 Pleasant Drive Des Moines IA 50312
Jerry Glenn Wisgerhof 10/17/95 Assistant Treasurer	7113 Twana Drive Urbandale IA 50322
Mary Louise Bricker 10/17/95 Assistant Corporate Secretary	920 - 29th Street Des Moines IA 50312
Gregg Ross Narber 10/17/95 Counsel	309 Jordon Drive West Des Moines IA 50265
Norman J. Lieberman 10/17/95 Director - Information Systems	129 Sebern Avenue Severna Park MD 21146

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**Corporation Address**

1801 Rockville Pike

Suite 601

Rockville

MD 20852

Phone: 301-590-7200