

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
**AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).**

**FILED**

**Aug 31 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998 F</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 94000000883**  
 1. Corporation Name  
**The Principal/America's Health Plan**

Principal Place of Business	Mailing Address
<b>711 High Street</b>	
<b>Des Moines, IA 50392-0300</b>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>2275 Research Blvd.</b>	26
Suite, Apt. #, etc	Suite, Apt. #, etc.
22 <b>6th Floor</b>	27
City & State	City & State
23 <b>Rockville, MD</b>	28
Zip Country	Zip Country
24 <b>20850 USA</b>	29 <b>30</b>

3. Date Incorporated or Qualified	Applied For
<b>February 2, 1994</b>	Not Applicable
4. FEI Number	
<b>521806976</b>	
5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00 May Be Added to Fees</b>
<input type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LT Corporation System**  
**1200 South Pine Island Rd.**  
**Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gary M. Cain</b>	12 NAME	<b>Edward B. Civera</b>
STREET ADDRESS	<b>711 High St</b>	13 STREET ADDRESS	<b>2275 Research Blvd. 6th Fl</b>
CITY-ST-ZIP	<b>Des Moines, IA</b>	14 CITY-ST-ZIP	<b>Rockville, MD 20850</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kenneth J. Lince</b>	22 NAME	<b>Spina Karadimas</b>
STREET ADDRESS	<b>711 High St.</b>	23 STREET ADDRESS	<b>2275 Research Blvd. 6th Fl</b>
CITY-ST-ZIP	<b>Des Moines, IA</b>	24 CITY-ST-ZIP	<b>Rockville, MD 20850</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sharon I. Taylor</b>	32 NAME	<b>S. Joseph Bruno</b>
STREET ADDRESS	<b>711 High St</b>	33 STREET ADDRESS	<b>2275 Research Blvd</b>
CITY-ST-ZIP	<b>Des Moines IA</b>	34 CITY-ST-ZIP	<b>Rockville, MD 20850</b>
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary L. Bricher</b>	42 NAME	<b>Joseph M. Mott, Esq.</b>
STREET ADDRESS	<b>711 High St</b>	43 STREET ADDRESS	<b>2275 Research Blvd.</b>
CITY-ST-ZIP	<b>Des Moines, IA</b>	44 CITY-ST-ZIP	<b>Rockville, MD 20850</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert J. Mizer</b>	52 NAME	<b>Thomas L. Blair</b>
STREET ADDRESS	<b>711 High St.</b>	53 STREET ADDRESS	<b>2275 Research Blvd</b>
CITY-ST-ZIP	<b>Des Moines, IA</b>	54 CITY-ST-ZIP	<b>Rockville, MD 20850</b>
TITLE	<b>VPS</b> <input checked="" type="checkbox"/> DELETE	61 TITLE	
NAME	<b>Joyce W. Hollman</b>	62 NAME	<b>500002632055</b>
STREET ADDRESS	<b>711 High St</b>	63 STREET ADDRESS	<b>-09/04/98--01047--034</b>
CITY-ST-ZIP	<b>Des Moines, IA</b>	64 CITY-ST-ZIP	<b>***550.00</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **Joseph M. Mott Esq.** *Joseph M. Mott* **7-21-98** **211-544-1000**

CR2E034 (5/98)