

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041597

FILED  
Apr 25, 2012  
Secretary of State

**Entity Name:** SUNSHINE STATE HEALTH PLAN, INC.

**Current Principal Place of Business:**

7700 FORSYTH BLVD  
ST LOUIS, MO 63105

**New Principal Place of Business:**

**Current Mailing Address:**

7700 FORSYTH BLVD  
ST LOUIS, MO 63105

**New Mailing Address:**

**FEI Number:** 20-8937577

**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: PRES  
Name: PATERSON, CHRIS  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

Title: VP  
Name: SCHEFFEL, WILLIAM  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

Title: SEC  
Name: WILLIAMSON, KEITH  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

Title: DIR  
Name: DINKELMAN, TRICIA  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

Title: TRES  
Name: SCHWANEKE, JEFFREY  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

Title: VP  
Name: HUNTER, JESSE  
Address: 7700 FORSYTH BLVD  
City-St-Zip: ST LOUIS, MO 63105

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: TRICIA DINKELMAN

DIR

04/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date