

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P11379** (5)
1. Corporation Name
ASSOCIATED HEALTH PLANS, INC. OF LOUISIANA



Principal Place of Business: **3616 S. I-10 SERVICE RD. METAIRIE LA 70001**
Mailing Address: **P.O. BOX 8570 METAIRIE LA 70011-8570**

3. Date Incorporated or Qualified: **09/10/1986**
3a. Date of Last Report: **04/10/1995**
4. FEI Number: **72-0841534**
Applied For: 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 (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **A DOWNING GRAY, 1 RIDGE LAKE ROAD, 318 S FLORIDA BLANCA, PENSACOLA FL 32501**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	President/D
NAME	CHAUFF, PAMELA A.	1.2 NAME	Jack W. Walker
STREET ADDRESS	3308 PALMISANO BLVD.	1.3 STREET ADDRESS	428 Shadyloka Parkway
CITY - ST - ZIP	CHALMETTE LA	1.4 CITY - ST - ZIP	Baton Rouge, LA. 70810
TITLE	VD	2.1 TITLE	D
NAME	VARISCO, VINCENT J	2.2 NAME	Thomas H. Sawyer
STREET ADDRESS	9408 FRANCINE DR.	2.3 STREET ADDRESS	#5 Stone Throw
CITY - ST - ZIP	RIVER RIDGE LA	2.4 CITY - ST - ZIP	Baton Rouge, LA 70809
TITLE		3.1 TITLE	SP
NAME		3.2 NAME	Chris W. Barnette
STREET ADDRESS		3.3 STREET ADDRESS	1512 Pointer Court
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Baton Rouge, LA 70809
TITLE		4.1 TITLE	RD
NAME		4.2 NAME	Roy G. Kadair, M.D
STREET ADDRESS		4.3 STREET ADDRESS	7436 Richards Drive
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Baton Rouge, LA. 70809
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Jack W. Walker* Jack W. Walker
DATE: *4/29/96* 504-237-1842
ST 5-1-96

CR2E034 (12/95)