

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000041597

Entity Name: SUNSHINE STATE HEALTH PLAN, INC.**Current Principal Place of Business:**7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105**Current Mailing Address:**7700 FORSYTH BOULEVARD
SUITE 800
ST. LOUIS, MO 63105 US**FEI Number:** 20-8937577**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Officer/Director Detail :

Title PRESIDENT & CEO
Name PATERSON, CHRIS
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR
Name SCHEFFEL, WILLIAM N.
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY, DIRECTOR
Name WILLIAMSON, KEITH H.
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR OF TAX
Name DINKELMAN, TRICIA
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER
Name SCHWANEKE, JEFFREY A.
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR
Name HUNTER, JESSE N.
Address 7700 FORSYTH BOULEVARD
 SUITE 800
City-State-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**DIRECTOR OF TAX****04/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date