

**2013 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

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC1656421373**

**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 AND CHIEF EXECUTIVE OFFICER  
Name            PATERSON, CHRIS  
Address        7700 FORSYTH BOULEVARD SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title            VICE PRESIDENT / 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            VICE PRESIDENT / 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:** DINKELMAN, TRICIA

**DIRECTOR OF TAX**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date