

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004447

**Entity Name:** THE AMERIHEALTH AGENCY, INC.**Current Principal Place of Business:**1901 MARKET STREET  
PHILADELPHIA, PA 19103**Current Mailing Address:**1700 MARKET STREET  
SUITE 700  
PHILADELPHIA, PA 19103 US**FEI Number:** 23-2522508**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** EXECUTIVE VICE PRESIDENT, CFO,  
TREASURER, AND DIRECTOR**Name** KRIGSTEIN, ALAN**Address** 1901 MARKET STREET**City-State-Zip:** PHILADELPHIA PA 19103**Title** DIRECTOR**Name** NEESON, RICHARD J**Address** 1901 MARKET STREET**City-State-Zip:** PHILADELPHIA PA 19103**Title** VP**Name** MAYFIELD, BRETT A.**Address** 1901 MARKET STREET**City-State-Zip:** PHILADELPHIA PA 19103**Title** PRESIDENT, CEO, AND DIRECTOR**Name** LISKAY, DONALD J**Address** 11 STANWIX STREET**City-State-Zip:** PITTSBURGH PA 15222**Title** SECRETARY**Name** TALIAFERRO, LILTON R JR.**Address** 1901 MARKET STREET**City-State-Zip:** PHILADELPHIA PA 19103**Title** ASSISTANT SECRETARY**Name** LEVINS, RICHARD F**Address** 1901 MARKET STREET**City-State-Zip:** PHILADELPHIA PA 19103

*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:** LILTON R. TALIAFERRO, JR.**SECRETARY****04/25/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date