

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -8 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 406663

1. Corporation Name

HealthPlan Services, Inc.

700001402857

-02/10/95--01033--001

****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
3501 Frontage Road P. O. Box 30098
Tampa, FL 33607-3599 Tampa, FL 33630

3. Date Incorporated or Qualified 08/10/1972
3a. Date of Last Report 02/18/94

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1407300 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

9. Name and Address of Current Registered Agent
C. T. Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent
B1 Name N/A
B2 Street Address (P.O. Box Number is Not Acceptable)
B3 700001402857
B4 City -02/10/95--01033--002
*****8.FL *****8.75

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	John James Dutkowsky
STREET ADDRESS	5614 Pine Bay Drive
CITY-ST-ZIP	Tampa, FL 33625
TITLE	SVP
NAME	George Kermit Hawkins, Jr.
STREET ADDRESS	505 Belle Chase Circle
CITY-ST-ZIP	Tampa, FL 33634
TITLE	VP
NAME	Ann Terese Hunter
STREET ADDRESS	4920 Rockledge Circle
CITY-ST-ZIP	Tampa, FL 33624
TITLE	VP
NAME	Linda Williams O'Connell
STREET ADDRESS	804 S. Delaware Avenue
CITY-ST-ZIP	Tampa, FL 33606
TITLE	EVP
NAME	Gary Lee Raeckers
STREET ADDRESS	10117 Woodsong Way
CITY-ST-ZIP	Tampa, FL 33618
TITLE	VP
NAME	Lucille Scarpine Taylor
STREET ADDRESS	3775 Mercedes Pl., #6
CITY-ST-ZIP	Camfield, OH-44446

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D/Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James Kirtis Murray, Jr.
1.3 STREET ADDRESS	1901 Holly Lane
1.4 CITY-ST-ZIP	Tampa, FL 33629
2.1 TITLE	S/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Albert Richard Meyer
2.3 STREET ADDRESS	16551 Lake Brigadoon Drive
2.4 CITY-ST-ZIP	Tampa, FL 33618
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Samuel Frazier Pryor
3.3 STREET ADDRESS	130 E. 67th Street
3.4 CITY-ST-ZIP	New York, NY 10021
4.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Maitland Bresee
4.3 STREET ADDRESS	2701 Herndon Street
4.4 CITY-ST-ZIP	Valrico, FL 33594
5.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Craig Howard Cassady
5.3 STREET ADDRESS	8639 N. Himes
5.4 CITY-ST-ZIP	Tampa, FL 33614
6.1 TITLE	EVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Claudia Noyes Griffiths
6.3 STREET ADDRESS	2914 West Knights Road
6.4 CITY-ST-ZIP	Tampa, FL 33611

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Albert R. Meyer Albert R. Meyer, V.P. & Secretary 1/31/95 813 289-1000
SIGNATURE AND TYPED OR PRINTED NAME OF GRADING OFFICER OR DIRECTOR (Date) (Official Title #)

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**ATTACHMENT TO FLORIDA 1995
CORPORATION ANNUAL REPORT
FOR HEALTHPLAN SERVICES, INC.
(Formerly Plan Services, Inc.)**

13. Additions/Changes to Officers and Directors

		Change	Addition
7.1	EVP	X	
7.2	Steven Vincent Hulslander		
7.3	6016 Hammock Woods Drive		
7.4	Odessa, FL 33556		
8.1	EVP	X	
8.2	George Edward Luco		
8.3	5909 LaQuinta		
8.4	Oklahoma City, OK 73034		
9.1	EVP		X
9.2	Nola Hines Moon		
9.3	1707 Shenandoah Road		
9.4	Wimauma, FL 33598		
10.1	VP		X
10.2	Jeffrey William Bak		
10.3	291 Hope Street		
10.4	Stamford, CT 06906		
11.1	VP/Controller		X
11.2	Gregory Carl Fisher		
11.3	2807 Palamore Drive		
11.4	Tampa, FL 33618		
12.1	VP		X
12.2	James Capell McLaughlin, III		
12.3	48 Commonwealth Avenue		
12.4	Boston, MS 02116		
13.1	VP		
13.2	Tia Philbin Tallman	X	
13.3	16104 Washburn Place		
13.4	Tampa, FL 33647		

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14.1	D		X
14.2	William Lauriston Bennett		
14.3	24 Stone Hill Road, Box 203		
14.4	Bedford, NY 10506		
15.1	D		X
15.2	John Reginald Gunn		
15.3	85 Wild duck Road		
15.4	Wilton, CT 06897		
16.1	D		X
16.2	Charles Howgate Guy, Jr.		
16.3	4935 New Providence		
16.4	Tampa, FL 33629		
17.1	D		X
17.2	Nancy Morgan Kane		
17.3	30 Hawthorne Avenue		
17.4	Newton, MA 02166		
18.1	D		X
18.2	David Nierenberg		
18.3	500 Warren Road		
18.4	San Mateo, CA 94402		
19.1	D		X
19.2	James G. Niven		
19.3	160 East 72nd Street		
19.4	New York, NY 10021		
20.1	D		X
20.2	Trevor Gaylord Smith		
20.3	4234 Fairway Circle		
20.4	Tampa, FL 33624		