

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 406663

FILED
Mar 29, 2011
Secretary of State

Entity Name: HEALTHPLAN SERVICES, INC.

Current Principal Place of Business:

3501 FRONTAGE RD.
TAMPA, FL 336073599

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 30098
ATTN: LEGAL DEPT.
TAMPA, FL 33630

New Mailing Address:

FEI Number: 59-1407300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: EVPS
Name: SCHULTZ, ARTHUR T
Address: 3501 FRONTAGE ROAD
City-St-Zip: TAMPA, FL 33607

Title: CFO
Name: WHITTON, MICHAEL R
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: DPT
Name: BAK, JEFFERY W
Address: 3501 FRONTAGE RD
City-St-Zip: TAMPA, FL 33607

Title: D
Name: COSLER, STEVEN D
Address: 333 W. WACKER DR. SUITE 1620
City-St-Zip: CHICAGO, IL 60606

Title: V
Name: MATHEY, BARBARA
Address: 3501 FRONTAGE ROAD
City-St-Zip: TAMPA, FL 33607

Title: D
Name: VILLERS, NED H
Address: 333 W. WACKER DR. SUITE 1620
City-St-Zip: CHICAGO, IL 60606

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: JEFFERY W. BAK

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03/29/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date