FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:08

DOCUMENT # F93000003824 (0)

1. Corporation Name
EBP HEALTHPLANS, INC.

Principal Place of Business	Mailing Address
435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426	435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1993
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

4. FEI Number: 23-1982655 ☐ 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 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and the date of application (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SAGAN, WILLIAM E	12 NAME	
STREET ADDRESS	435 FORD ROAD, SUITE 500	13 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	P ☒ Change ☐ Addition
NAME	EFTEKHARI, AMIR H	22 NAME	Kevin L. Roberg
STREET ADDRESS	435 FORD ROAD, SUITE 500	23 STREET ADDRESS	435 Ford ROad, Suite 500
CITY-ST-ZIP	MINNEAPOLIS MN 55426	24 CITY-ST-ZIP	Minnepaolis, MN 55426
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	LAFAVOR, JEAN C	32 NAME	
STREET ADDRESS	435 FORD ROAD, SUITE 500	33 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	SEVERSON, JANERT M	42 NAME	
STREET ADDRESS	435 FORD ROAD, SUITE 500	43 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	KUCK, TIMOTHY W	52 NAME	
STREET ADDRESS	435 FORD ROAD, SUITE 500	53 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	54 CITY-ST-ZIP	
TITLE	CEO	61 TITLE	☐ Change ☐ Addition
NAME	SAGAN, WILLIAM	62 NAME	
STREET ADDRESS	435 FORD RD.	63 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55426	64 CITY-ST-ZIP	

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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: _____ Charles F. Montreuil 2-6-95 (612) 546-4353
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0467415 FP