FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **08/23/1993** | 3a. Date of Last Report: **02/15/1995**

2. Principal Place of Business — 21: | Suite, Apt. #, etc. — 22: | City & State — 23: | Zip — 24: | County — 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. **xx** 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD SAGAN, WILLIAM E 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426	xx DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President, Director Mark S. Davis 2101 4th Avenue, Suite 950 Seattle, WA 98121-2323 ☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P ROBERG, KEVIN L. 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN	xx DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	President-Midwest HealthPlan Jeffrey S. Hagerman 435 Ford Road Minneapolis, MN 55426 ☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V LAFAVOR, JEAN C 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426	xx DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	President-Great Lakes William M. Hill, Sr. 2040 Raybrook Grand Rapids, MI 45466 ☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V SEVERSON, JANERT M 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426	xx DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Vice President-Northeast Joseph T. Coughlin 230 Half Mile Road, 2nd Floor Red Bank, NJ 07701 ☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T CFO, Director KUCK, TIMOTHY W 435 FORD ROAD, SUITE 500 MINNEAPOLIS MN 55426	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition ****PLEASE SEE ATTACHED LIST FOR ADDITIONAL CHANGES**
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	CEO SAGAN, WILLIAM 435 FORD RD. MINNEAPOLIS MN 55426	xx DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

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 above or on an attachment with an address.

SIGNATURE: _____ Charles F. Montreuil (612) 546-5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

EBP HEALTHPLANS, INC.

OFFICERS AND DIRECTORS

OFFICERS

Timothy W. Kuck
Chief Financial Officer and Treasurer
EBP HealthPlans, Inc.
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Mark S. Davis
President, Western HealthPlan
EBP HealthPlans, Inc.
2101 4th Avenue, Suite 950
Seattle, WA 98121-2323
206/443-0417

Jeffrey S. Hagerman
President, Midwest HealthPlan
EBP HealthPlans, Inc.
435 Ford Road
Minneapolis, MN 55426
612/546-4353

William M. Hill, Sr.
President, Great Lakes HealthPlan
EBP HealthPlans, Inc.
2040 Raybrook
Grand Rapids, MI 4546-6488
616/942-2100

Joseph T. Coughlin
Vice President, Northeast HealthPlan
EBP HealthPlans, Inc.
230 Half Mile Road, 2nd Floor
Red Bank, NJ 07701
908/758-0600

Barbara J. Davenport
Vice President, Western HealthPlan
EBP HealthPlans, Inc.
1690 West Shaw Avenue, Suite 230
Fresno, CA 93711-3504
209/431-4836

Donald J. Giancursio
Vice President, Western HealthPlan
EBP HealthPlans, Inc.
5190 Neil Road, Suite 211
Reno, NV 89502-6509
702/825-6040

Thomas P. McConlogue
Vice President, Southeast HealthPlan
EBP HealthPlans, Inc.
1100 Circle 75 Parkway, Suite 1530
Atlanta, GA 30328-4592
404/612-9889

M. Jonathan Jeffcoat
Vice President, Southeast and
Midwest HealthPlans
EBP HealthPlans, Inc.
2500 Maitland Ctr. Pkwy., Suite 203
Maitland, FL 32751-7148
407/660-0202

Charles F. Montreuil
Secretary
EBP HealthPlans, Inc.
435 Ford Road
Minneapolis, MN 55426
612/546-4353

EBP HEALTHPLANS, INC.
Officers and Directors (continued...)

DIRECTORS

Timothy W. Kuck
Director
EBP HealthPlans, Inc.
435 Ford Road
Minneapolis, MN 55426
612/546-4353

Mark S. Davis
Director
EBP HealthPlans, Inc.
2101 4th Avenue, Suite 950
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