

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000005959 (8)

1. Corporation Name

ACCOUNTABLE HEALTH PLANS, INC.



Principal Place of Business

800 SIX FLAGS DRIVE, SUITE 200  
ARLINGTON TX 76011

Mailing Address

800 SIX FLAGS DRIVE, SUITE 200  
ARLINGTON TX 76011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

75-2540180

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
MINSLOFF, MARK R  
STREET ADDRESS 3100 AMS BOULEVARD  
CITY-ST-ZIP GREEN BAY WI 54313

TITLE ☐ DELETE

NAME COOV  
POLLINGER, LOVIE  
STREET ADDRESS 800 SIX FLAGS DRIVE, SUITE 200  
CITY-ST-ZIP ARLINGTON TX 76011

TITLE ☐ DELETE

NAME V  
COUCH, KELLI  
STREET ADDRESS 800 SIX FLAGS DRIVE, SUITE 200  
CITY-ST-ZIP ARLINGTON TX 76011

TITLE ☐ DELETE

NAME V  
JENNINGS, MICHELLE  
STREET ADDRESS 800 SIX FLAGS DRIVE, SUITE 200  
CITY-ST-ZIP ARLINGTON TX 76011

TITLE ☐ DELETE

NAME SD  
MOORE, TIMOTHY J  
STREET ADDRESS 3100 AMS BOULEVARD  
CITY-ST-ZIP GREEN BAY WI 54313

TITLE ☒ DELETE

NAME T  
DAY, TIMOTHY L  
STREET ADDRESS 3100 AMS BOULEVARD  
CITY-ST-ZIP GREEN BAY WI 54313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T  
Gary D. Guengerich  
1.3 STREET ADDRESS 3100 AMS Boulevard  
1.4 CITY-ST-ZIP Green Bay, WI 54313

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

CR2E034 (10/97)