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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90071 038 ***150.00

DOCUMENT # F9700005959

1. Corporation Name

ACCOUNTABLE HEALTH PLANS, INC.

•	Principal Place of Business	Mailing Address
	Principal Place of Business	· ·
		600 SIX FLAGS DRIVE. SUITE 200 ARLINGTON TX 76011

Principal Place of Business Mailing Address								
600 SIX FLAGS DRIVE. SUITE 200 600 SIX FLAGS DRIVE. SUITE			E 200					
ARLINGTON TX 76011 ARLINGTON TX 76011						DO NOT WRITE IN THIS SPACE		
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualifed	
		-					11/10/1997	
2. Principal Pl	ace of Business	<u> </u>	Mailing Address				4. FEI Number Applied For	
21 26						75-2540180 Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		
22 27								
City & State City & Sta			City & State	& State			6. Election Campaign Financing \$5.00 May Be	
23 28							Trust Fund Contribution Added to Fees	
Zip	Country	Zip Cour			try		8. This corporation owes the current year Intangible	
24	25 29 30			30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	t Regist	tered Agent	 ,	741	NI	10. Name and Address of New Registered Agent	
0.7	CORROBATION OVETEN			'	B1	Name		
	CORPORATION SYSTEM			Į.	B2	Street A	Address (P.O. Box Number is Not Acceptable)	
	SOUTH PINE ISLAND ROAD			L				
PLAN	ITATION FL 33324			1	B3			
				}-	B4	City	85 Zip Code	
				'	ت	Oity	FL * ' =	
11, Pursuant t	to the provisions of Sections 607.0502	2 and 60	7.1508, Florida Statute	s, the abo	ove	-named	corporation submits this statement for the purpose of changing its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florid	a. Such change was au	thorizea i	DV I	the corpo	oration's board of directors. I hereby accept the appointment as registered	
	in lamiliar with, and accept the congar	dons or,	000000, 1100	uu olului				
SIGNATURE	Signature, typed or printed name of registered agen	it and title d	applicable. (NOTE:	Registered A	gent	signature re	required when reinstating) OATE	
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		A DELETE	1.1 TITL	E	ľ	Treasurer & D	
NAME	MINSLOFF, MARK R			1.2 NAM	Æ	ŀ	Gary D. Guengerich	
STREET ADDRESS	3100 AMS BOULEVARD			1.3 STR	EET.	ADDRESS :	3100 AMS Blvd.	
	GREEN BAY WI 54313			1.4 CITY			Green Bay, WI 54313	
CITY-ST-ZIP TITLE	COOV		☐ DELETE	2.1 TITL			D Change . X Addition	
	POLLINGER, LOVIE			2.2 NAM		b	Edward R. Skoldberg	
NAME		200				ADDRESS	2100 AMC D13	
STREET ADDRESS	600 SIX FLAGS DRIVE, SUITE 2	200				ACCUMENT !	Green Bay, WI 54313	
CITY-ST-ZIP	ARLINGTON TX 76011		DELETE.	2. 4 CIT		1-219	Change X Addition	
TITLE	V V V V V V V V V V V V V V V V V V V					ľ	Samuel V. Miller	
NAME	COUCH, KELLI	000		3.2 NAM		ı		
STREET ADDRESS	600 SIX FLAGS DRIVE, SUITE 2	200					3100 AMS Blvd.	
CITY-ST-ZIP	ARLINGTON TX 76011			3.4. CIT			Green Bay, WI 54313	
TITLE	V		☐ DELETE	4.1 TITL				
NAME	JENNINGS, MICHELLE			4. 2 NA			Roger A. Chapman	
STREET ADDRESS	600 SIX FLAGS DRIVE, SUITE 2	200		4.3 STR	EET	1	B100 AMS Blvd.	
CITY-ST-ZIP	ARLINGTON TX 76011			4.4 CITY	Y-ST	ZIP (Green Bay, WI 54313	
TITLE	SD		☐ DELETE	5.1 TITL		1	Asst. Sec. Change X Addition	
NAME	MOORE, TIMOTHY J			5.2 NAM	Æ		Julie A. Oudenhoven	
STREET ADDRESS	3100 AMS BOULEVARD			5.3 STR	EET.			
CITY-ST-ZIP	GREEN BAY WI 54313			5.4 CITY	Y-ST	-ZIP (Green Bay, WI 54313	
TITLE	T		X DELETE	6.1 TITL	.E		Asst. Sec. Addition	
NAME	GUENGERICH, GLORY D			6.2 NAM	Æ		Cheryl A. Thomson	
STREET ADDRESS	3100 AMS BOULEVARD			6.3 STR	REET	ADDRESS	B100 AMS Blvd.	
CITY-\$T-ZIP	GREEN BAY WI 54313			6.4 CITY			Green Bay, WI 54313	
VIII TO CELLE							V4-V-V-11 1817 A VIII-357-11-1	

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, with all other like empowered.

SIGNATURE:

REJulie A. Oudenhoven

1/7/99

920-661-3064