

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005959

1. Entity Name

~~ACCOUNTABLE HEALTH PLANS, INC.~~  
ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90061 046 \*\*\*150.00

Principal Place of Business

Mailing Address

600 SIX FLAGS DRIVE, SUITE 200  
ARLINGTON TX 76011

~~600 SIX FLAGS DRIVE, SUITE 200~~  
~~ARLINGTON TX 76011~~

2. Principal Place of Business

3. Mailing Address

3100 AMS Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Green Bay, WI

4. FEI Number

75-2540180

Applied For

Not Applicable

Zip

Country

Zip

Country

54313

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP&CFO., Dir.	<input type="checkbox"/> Delete
NAME	GUENGERICH, GARY D	
STREET ADDRESS	3100 AMS BOULEVARD	
CITY-ST-ZIP	GREEN BAY WI 54313	
TITLE	<del>Ex. Dir.</del>	<input type="checkbox"/> Delete
NAME	POLLINGER, LOVIE	
STREET ADDRESS	600 SIX FLAGS DRIVE, SUITE 200	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	<del>COUCH, KELLY</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>COUCH, KELLY</del>	
STREET ADDRESS	<del>600 SIX FLAGS DRIVE, SUITE 200</del>	
CITY-ST-ZIP	<del>ARLINGTON TX 76011</del>	
TITLE	<del>JENNINGS, MICHELLE</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>JENNINGS, MICHELLE</del>	
STREET ADDRESS	<del>600 SIX FLAGS DRIVE, SUITE 200</del>	
CITY-ST-ZIP	<del>ARLINGTON TX 76011</del>	
TITLE	SR. VP, Gen Coun. & Sec., Dir.	<input type="checkbox"/> Delete
NAME	MOORE, TIMOTHY J	
STREET ADDRESS	3100 AMS BOULEVARD	
CITY-ST-ZIP	GREEN BAY WI 54313	
TITLE	<del>GUENGERICH, GLORY D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GUENGERICH, GLORY D</del>	
STREET ADDRESS	<del>3100 AMS BOULEVARD</del>	
CITY-ST-ZIP	<del>GREEN BAY WI 54313</del>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	See-Attached Listing.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl A. Thomson

1/12/00

Date

Daytime Phone #

CR2E034 (9/99)

Attachment  
C00 25355  
# F97 000005954

**ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.,**  
**f/k/a ACCOUNTABLE HEALTH PLANS, INC.**

**Officers and Directors:**

<b>President</b>	<b>James C. Modaff 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Executive Vice President &amp; CFO</b>	<b>Gary D. Guengerich 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Sr. Vice President of Corporate Affairs, General Counsel &amp; Secretary</b>	<b>Timothy J. Moore 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Executive Vice President Of Operations</b>	<b>Thomas G. Zielinski 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Vice President &amp; Treasurer</b>	<b>Carol P. Sanders 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Vice President</b>	<b>Roger A. Chapman 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Vice President</b>	<b>Hans O. Christensen 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Vice President, Controller</b>	<b>James E. Prochnow 3100 AMS Boulevard Green Bay, WI 54313</b>
<b>Executive Director</b>	<b>Walter E. Vinson 2831 N. Grandview Blvd. Pewaukee, WI 53072</b>

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**Executive Director**

**Lovie Pollinger  
600 Six Flags Drive  
Suite 200  
Arlington, TX 76011**

**Ass't. Secretary**

**Julie A. Van Straten  
3100 AMS Boulevard  
Green Bay, WI 54313**

**Ass't. Secretary**

**Cheryl A. Thomson  
3100 AMS Boulevard  
Green Bay, WI 54313**

**Director**

**James C. Modaff  
3100 AMS Boulevard  
Green Bay, WI 54313**

**Director**

**Gary D. Guengerich  
3100 AMS Boulevard  
Green Bay, WI 54313**

**Director**

**Roger A. Chapman  
3100 AMS Boulevard  
Green Bay, WI 54313**

**Director**

**Timothy J. Moore  
3100 AMS Boulevard  
Green Bay, WI 54313**