2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# F97000005959

Entity Name: ACCOUNTABLE HEALTH PLANS OF AMERICA, INC.

Current Principal Place of Business:

600 SIX FLAGS DRIVE, SUITE 200
ARLINGTON, TX 76011

New Principal Place of Business:

Current Mailing Address:

STEVEN L. DITMAN
22 WATERVILLE ROAD
AVON, CT 06001 US

New Mailing Address:

FEI Number: 75-2540180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: CHAPMAN, ROGER A
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: ED ( ) Delete
Name: POLLINGER, LOVIE
Address: 600 SIX FLAGS DRIVE, SUITE 200
City-St-Zip: ARLINGTON, TX 76011

Title: SD (X) Delete
Name: MOORE, TIMOTHY J
Address: 3100 AMS BOULEVARD
City-St-Zip: GREEN BAY, WI 54313

Title: PD (X) Delete
Name: MODAFF, JAMES C
Address: 3100 AMS BLVD
City-St-Zip: GREEN BAY, WI 54313

Title: V (X) Delete
Name: ZIELINSKI, THOMAS G
Address: 3100 AMS BLVD
City-St-Zip: GREEN BAY, WI 54313

Title: AS (X) Delete
Name: THOMPSON, CHERYL
Address: 3100 AMS BLVD
City-St-Zip: GREEN BAY, WI 54313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: GLOVER, PAUL W
Address: 22 WATERVILLE ROAD
City-St-Zip: AVON, CT 06001

Title: CFO (X) Change ( ) Addition
Name: DITMAN, STEVEN L
Address: 22 WATERVILLE ROAD
City-St-Zip: AVON, CT 06001

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. DITMAN CFO 02/17/2004

Electronic Signature of Signing Officer or Director Date