

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M18884

FILED
Jan 31, 2007
Secretary of State

Entity Name: CAREPLUS HEALTH PLANS, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201 US

New Mailing Address:

FEI Number: 59-2598550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: MCCALLISTER, MICHAEL B
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: MURRAY, JAMES E
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: VP () Delete
Name: BAUERNFEIND, GEORGE
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: SVPT () Delete
Name: BLOEM, JAMES H
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: S () Delete
Name: LENAHA, JOAN O
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

Title: VP () Delete
Name: PELLEGRINO, KATHLEEN
Address: 500 WEST MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 Chapter 119, 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: GEORGE BAUERNFEIND

VP

01/31/2007

Electronic Signature of Signing Officer or Director

Date