FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 10 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11379** **(5)**

1. Corporation Name
ASSOCIATED HEALTH PLANS, INC. OF LOUISIANA

Principal Place of Business	Mailing Address
3616 S. I-10 SERVICE RD. METAIRIE LA 70001	P.O. BOX 8570 METAIRIE LA 70011-8570

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1986
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 72-0941534 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAURIE, LAURA L.
1 RIDGE LAKE ROAD
LAKE COMO FL 32057

10. Name and Address of New Registered Agent

81 Name: A. Downing Gray
82 Street Address (P.O. Box Number is Not Acceptable): 318 S. Florida Blanca
83
84 City: Pensacola FL 85 Zip Code: 32501

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: A Downing Gray — DATE: 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	CHAUFF, PAMELA A.	12 NAME	
STREET ADDRESS	3308 PALMISANO BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	CHALMETTE LA	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	VD ☒ Change ☐ Addition
NAME	VARISCO, VINCENT	22 NAME	Varisco,Vincent J.
STREET ADDRESS	9408 FRANCINE DR.	23 STREET ADDRESS	9408 Francine Dr.
CITY-ST-ZIP	RIVER RIDGE LA	24 CITY-ST-ZIP	River Ridge, LA
TITLE	VD	31 TITLE	Delete ☒ Change ☐ Addition
NAME	BLANCHAT, ARTHUR J.	32 NAME	Delete
STREET ADDRESS	RT. 5 BOX 196	33 STREET ADDRESS	Delete
CITY-ST-ZIP	COVINGTON LA	34 CITY-ST-ZIP	Delete
TITLE	TD	41 TITLE	Delete ☒ Change ☐ Addition
NAME	BLANCHAT, DOLORES	42 NAME	Delete
STREET ADDRESS	RT. 5 BOX 196	43 STREET ADDRESS	Delete
CITY-ST-ZIP	COVINGTON LA	44 CITY-ST-ZIP	Delete
TITLE	D	51 TITLE	Delete ☒ Change ☐ Addition
NAME	BELCHIC, KATE	52 NAME	Delete
STREET ADDRESS	2821 RICHLAND	53 STREET ADDRESS	Delete
CITY-ST-ZIP	METAIRIE LA	54 CITY-ST-ZIP	Delete
TITLE	SD	61 TITLE	Delete ☒ Change ☐ Addition
NAME	CHAUFF, EUGENE	62 NAME	Delete
STREET ADDRESS	3308 PALMISANO BLVD.	63 STREET ADDRESS	Delete
CITY-ST-ZIP	CHALMETTE LA	64 CITY-ST-ZIP	Delete

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Vincent J. Varisco — Vincent J. Varisco, Vice President — 3/22/95 — (504)840-9916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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13. ADDITIONS/CHANGES to Offiers and Directors in #12.

7.1	Title	PD	Addition
7.2	Name	Walker, Jack W.	
7.3	Address	428 Shadylake Parkway	
7.4	City-St-Zip	Baton Rouge, LA 70810	
8.1	Title	D	Addition
8.2	Name	Sawyer, Thomas H.	
8.3	Address	#5 Stones Throw	
8.4	City-St-Zip	Baton Rouge, LA 70809	
9.1	Title	D	Addition
9.2	Name	Barnette, Chris W.	
9.3	Address	1512 Pointer Court	
9.4	City-St-Aip	Baton Rouge, LA 70808	
10.1	Title	D	Addition
10.2	Name	Kadair, Roy G. M.D.	
10.3	Address	7436 Richards Drive	
10.4	City-St-Zip	Baton Rouge, LA 70809	
11.1	Title	SD	Addition
11.2	Name	Bruce, Louise S.	
11.3	Address	715 Shadylake Parkway	
11.4	City-St-Zip	Baton Rouge, LA 70810	