FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

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

Principal Place of Business
3616 S. I-10 SERVICE RD.
METAIRIE LA 70001

Mailing Address
P.O. BOX 8570
METAIRIE LA 70011-8570

3. Date Incorporated or Qualified: 09/10/1986
3a. Date of Last Report: 04/10/1995

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: 72-0841534 — 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
A DOWNING GRAY
1 RIDGE LAKE ROAD
318 S FLORIDA BLANCA
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	☑ DELETE
NAME	CHAUFF, PAMELA A.	
STREET ADDRESS	3308 PALMISANO BLVD.	
CITY-ST-ZIP	CHALMETTE LA	
TITLE	VD	☐ DELETE
NAME	VARISCO, VINCENT J	
STREET ADDRESS	9408 FRANCINE DR.	
CITY-ST-ZIP	RIVER RIDGE LA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/D	☐ Change ☒ Addition
1.2 NAME	Jack W. Walker	
1.3 STREET ADDRESS	428 Shadylake Parkway	
1.4 CITY-ST-ZIP	Baton Rouge, LA. 70810	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Thomas H. Sawyer	
2.3 STREET ADDRESS	45 Stones Throw	
2.4 CITY-ST-ZIP	Baton Rouge, LA 70809	
3.1 TITLE	SD	☐ Change ☒ Addition
3.2 NAME	Chris W. Barnette	
3.3 STREET ADDRESS	1512 Pointer Court	
3.4 CITY-ST-ZIP	Baton Rouge, LA 70809	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Roy G. Kadair, M.D	
4.3 STREET ADDRESS	7436 Richards Drive	
4.4 CITY-ST-ZIP	Baton Rouge, LA. 70809	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

400001817544
-05/13/96--01011--030
***200.00

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)(k), 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: Jack W. Walker — Jack W. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/29/96 — Daytime Phone # 504-237-1842

SG 5-1-96

CR2E034 (12/95)