

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V12641

**Entity Name:** AMERIGROUP FLORIDA, INC.**Current Principal Place of Business:**4200 WEST CYPRESS STREET  
SUITE 900  
TAMPA, FL 33607-4156**Current Mailing Address:**4200 WEST CYPRESS STREET  
SUITE 900  
TAMPA, FL 33607-4156 US**FEI Number:** 65-0318864**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title PRESIDENT, CEO, DIRECTOR  
Name RIVAS, MARIA LOURDES  
Address 4200 WEST CYPRESS STREET  
SUITE 900  
City-State-Zip: TAMPA FL 33607-4156

Title SECRETARY  
Name KIEFER, KATHLEEN S.  
Address 4200 WEST CYPRESS STREET  
SUITE 900  
City-State-Zip: TAMPA FL 33607-4156

Title TREASURER  
Name KRETSCHMER, R. DAVID  
Address 4200 WEST CYPRESS STREET  
SUITE 900  
City-State-Zip: TAMPA FL 33607-4156

Title DIRECTOR  
Name BECK, CARTER ALLEN  
Address 1155 ELEM STREET  
SUITE 200  
City-State-Zip: MANCHESTER NH 03101

Title DIRECTOR  
Name KELAGHAN, CATHERINE IRENE  
Address 120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, VICE PRESIDENT AND  
CHIEF OPERATING OFFICER  
Name PETERSON, JUDITH LYNN  
Address 4200 WEST CYPRESS STREET  
SUITE 900  
City-State-Zip: TAMPA FL 33607-4156

Title DIRECTOR AND CHAIRPERSON  
Name SHIPP, CHARLES BRIAN  
Address 22 CENTURY BLVD.  
SUITE 220  
City-State-Zip: NASHVILLE TN 37214

Title VICE PRESIDENT AND ASSISTANT  
SECRETARY  
Name YOUNG, JACK LOUIS  
Address 4425 CORPORATION LANE  
City-State-Zip: VIRGINIA BEACH VA 23462

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** KATHLEEN S. KIEFER**SECRETARY****04/27/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASSISTANT TREASURER
Name	NOBLE, ERIC (RICK) KENNETH
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204