

No. <b>C 194907</b>		<b>Due no later than Jun 30, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HEALTHPLAN SERVICES, INC. JEFF BELL 3501 FRONTAGE RD TAMPA FL 33607		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607
SECRETARY	KAREN MULROE	3501 FRONTAGE RD	TAMPA	FL	USA	33607
DIRECTOR	STEPHEN M SAFT	3501 FRONTAGE RD	TAMPA	FL	USA	33607
DIRECTOR	ARTHUR T SCHULTZ	3501 FRONTAGE RD	TAMPA	FL	USA	33607
DIRECTOR	JEFFERY W BAK	3501 FRONTAGE RD	TAMPA	FL	USA	33607
VICE PRESIDENT	BARBARA J MATHEY	3501 FRONTAGE RD	TAMPA	FL	USA	33607
TREASURER	STEPHEN M SAFT	3501 FRONTAGE RD	TAMPA	FL	USA	33607
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>FL</b>		Signature: Jeffery W. Bak		Date: 05/07/2015		
<b>C 194907</b>		Name (type or print): Jeffery W. Bak		Title: President		
Processed 05/07/2015		* Electronically provided signatures are accepted as original signatures.				