

1.) CORPORATION NAME:

AmeriChoice Health Services, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1210964**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12018 SUNRISE VALLEY DRIVE
SUITE 650

CITY/ST/ZIP: RESTON, VA 20191-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER DIRECTOR

NAME: JOHN LAWRENCE LARSEN
TITLE: PRES/CEO
ADDRESS: 12018 SUNRISE VALLEY DRIVE
SUITE 650
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER DIRECTOR

NAME: JOHN WILLIAM KELLY
TITLE: VP TAX SERVICES
ADDRESS: 12018 SUNRISE VALLEY DRIVE
SUITE 650
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER DIRECTOR

NAME: MICHELLE MARIE HUNTLEY DILL
TITLE: ASST SECRETARY
ADDRESS: 12018 SUNRISE VALLEY DRIVE
SUITE 650
CITY/ST/ZIP/CO: RESTON, VA 20191-

OFFICER DIRECTOR

NAME: CHRISTINA REGINA PALME-KRIZAK
TITLE: SECRETARY
ADDRESS: 12018 SUNRISE VALLEY DRIVE
SUITE 650
CITY/ST/ZIP/CO: RESTON, VA 20191-

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT WORTH OBERRENDER	
TITLE:	TREASURER	
ADDRESS:	12018 SUNRISE VALLEY DRIVE	
	SUITE 650	
CITY/ST/ZIP/CO:	RESTON, VA 20191-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHELLE MARIE HUNTLEY DILL</u>	<u>MICHELLE MARIE HUNTLEY DILL, ASST SECRETARY</u>	<u>3/16/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.