

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212535971

1.) CORPORATION NAME:

**ALLIANCE HEALTHCARD OF FLORIDA, INC.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1725656**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 10,000,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 E. RANDOLPH ST.

CITY/ST/ZIP: CHICAGO, IL 60601

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.

NAME: MICHELLE LEY  
TITLE: ASST. VP  
ADDRESS: 200 E. RANDOLPH ST.  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

OFFICER  DIRECTOR

NAME: THOMAS W KISER  
TITLE: PRESIDENT  
ADDRESS: 200 E. RANDOLPH ST.  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

OFFICER  DIRECTOR

NAME: RAM PADMANABHAN  
TITLE: SECRETARY  
ADDRESS: 200 E. RANDOLPH ST.  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

OFFICER  DIRECTOR

NAME: PAUL A HAGY  
TITLE: TREAS/VP  
ADDRESS: 200 E. RANDOLPH ST.  
CITY/ST/ZIP/CO: CHICAGO, IL 60601

OFFICER  DIRECTOR

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.

/s/ MICHELLE LEY

MICHELLE LEY, ASST. VP

9/19/2012

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.