

1.) CORPORATION NAME:

**AmeriHealth Administrators, Inc.**

DUE DATE: **8/31/2011**

SCC ID NO: **F1800699**

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

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4710 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 720 BLAIR MILL RD

CITY/ST/ZIP: HORSHAM, PA 19044-

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: RICHARD J NEESON  
TITLE: PRESIDENT  
ADDRESS: 720 BLAIR MILL RD  
CITY/ST/ZIP/CO: HORSHAM, PA 19044-

OFFICER

DIRECTOR

NAME: ALAN KRIGSTEIN  
TITLE: TREASURER  
ADDRESS: 1901 MARKET ST  
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: RICHARD F LEVINS  
TITLE: ASST SECRETARY  
ADDRESS: 1901 MARKET STREET  
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: LILTON R TALIATERRO, JR., ESQ  
TITLE: SECRETARY  
ADDRESS: 1901 MARKET ST  
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

OFFICER

DIRECTOR

NAME: JOHN CHRISTPOHER CASHMAN  
TITLE: CHAIRMAN  
ADDRESS: 1901 MARKET ST  
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19103-

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.

<u>/s/ RICHARD J NEESON</u>	<u>RICHARD J NEESON, PRESIDENT</u>	<u>6/21/2011</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.