


**2005 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 821543</b> 1. Entity Name <b>CORPORATE HEALTH INSURANCE COMPANY</b>	
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Principal Place of Business <b>980 JOLLY ROAD BLUE BELL, PA 19422 US</b>	Mailing Address <b>151 FARMINGTON AVE W101 HARTFORD, CT 06156 US</b>
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**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORWOOD, FELICIA F 100 N. RIVERSIDE PLAZA, 19TH FL CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARTINO, GREGORY S 980 JOLLY ROAD BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, BLAKE W 151 FARMINGTON AVENUE HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIO CASEY, KEVIN J 151 FARMINGTON AVE HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, RUSSELL P 151 FARMINGTON AVE HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRANZOI, ROBERT J 2201 RENAISSANCE BLVD KING OF PRUSSIA, PA 19406

600057218936  
07/08/05--01039--007 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **6/30/2005** **800213-1324**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VICE PRESIDENT AND TREASURER  
Franzoi, Robert J.

FILED  
05 JUL -7 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>23-2710210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required