2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#821543

FILED Apr 11, 2007 Secretary of State

Entity Name: CORPORATE HEALTH INSURANCE COMPANY

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
980 JOLLY BLUE BEL	/ ROAD L, PA 19422	US			
Current Mailing Address:			New Maili	New Mailing Address:	
I51 FARM	INGTON AVE				
W101 HARTFOF	RD, CT 06156	US			
El Number	: 23-2710210	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
lame and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	ORATION TH PINE ISLAI ION, FL 33324				
	named entity see of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
lection Car	npaign Financing	Trust Fund Contribution ().			
FFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
ītle: lame: lddress: city-St-Zip:	NORWOOD, FE	DE PLAZA, 19TH FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: ddress: city-St-Zip:	DVS () MARTINO, GRE 980 JOLLY RO BLUE BELL, PA	AD .	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame:	BELLIZZI, JERI 151 FARMINGT	ON AVENUE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MAHONEY, STEPHEN M 151 FARMINGTON AVENUE HARTFORD, CT 06156	
ddress: Sity-St-Zip:	HARTFORD, CT	00100	Oity Ot Zip.	12411 6115, 61 66166	
		Delete M C III ON AVE	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition LEE, EDWARD C 151 FARMINGTON AVE HARTFORD, CT 06156	
city-St-Zip: itle: lame: .ddress:	AS () BASKIN, WILLA 151 FARMINGT HARTFORD, CT	Delete M C III ON AVE - 06156 Delete LL P ON AVE	Title: Name: Address:	AS (X) Change () Addition LEE, EDWARD C 151 FARMINGTON AVE	

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. LEE AS 04/11/2007