

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850485

**Entity Name:** NATIONAL HEALTH INSURANCE COMPANY**Current Principal Place of Business:**2200 HIGHWAY 121  
BEDFORD, TX 76021**Current Mailing Address:**P. O. BOX 619999  
DALLAS, TX 75261-6199 US**FEI Number: 74-1541799****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
FL DEPARTMENT OF FINANCIAL SERVICES  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name HARRIS, CHARLES  
Address 2200 HIGHWAY 121  
City-State-Zip: BEDFORD TX 76021

Title S, D  
Name WEISSMANN, JEFFREY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title T  
Name RENDALL, PETER  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title CFO, D  
Name WEINER, MICHAEL  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D  
Name KARFUNKEL, BARRY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title D  
Name KARFUNKEL, ROBERT  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR  
Name DECARLO, DONALD  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title VP  
Name BOLAR, DONALD J  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON-SALEM NC 27105

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES HARRIS****PRESIDENT****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name HALL, GEORGE H JR.  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON-SALEM NC 27105

Title VP  
Name SCHOCK, BRAD  
Address 5630 UNIVERSITY PARKWAY  
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP  
Name MURPHY, MICHAEL  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038

Title OFFICER  
Name HANDLEY, BOBBY  
Address 59 MAIDEN LANE  
City-State-Zip: NEW YORK NY 10038