


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 850485	
1. Entity Name NATIONAL HEALTH INSURANCE COMPANY	
	
Principal Place of Business 1901 N STATE HWY 360 GRAND PRAIRIE, TX 75050 US	Mailing Address P. O. BOX 619999 DALLAS, TX 75261-9999 US

DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 74-1541799	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, EVA ANN 828 HUNTERS GLEN TER FORT WORTH, TX 76120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILLIARD, RICHARD A 7913 CHADINGTON DR NORTH RICHLAND HILLS, TX 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, CHARLES W 3293 BIRCH AVE. GRAPEVINE, TX 76051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BROWN, RICHARD A 1710 SYLVAN DR. ARLINGTON, TX 76012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCKNIGHT, LORENE A 8308 BEVERLY DR NORTH RICHLAND HILLS, TX 76180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, WILLIAM K 2582 MISTY RIVER LN DE PERE, WI 54115

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05/21/08-80058-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-08

Date

817-640-3493

Daytime Phone #