

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 850485

**FILED**  
**Jan 04, 2013**  
**Secretary of State**

**Entity Name:** NATIONAL HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

1901 N STATE HWY 360  
GRAND PRAIRIE, TX 75050 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 619999  
DALLAS, TX 752619999 US

**New Mailing Address:**

P. O. BOX 619999  
DALLAS, TX 752616199 US

**FEI Number:** 74-1541799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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:** CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HARRIS, CHARLES  
**Address:** 1901 N STATE HWY 360  
**City-St-Zip:** GRAND PRAIRIE, TX 75050

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

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

**Title:** CFOD  
**Name:** WEINER, MICHAEL  
**Address:** 59 MAIDEN LANE  
**City-St-Zip:** NEW YORK, NY 10038

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

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

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

PRES

01/04/2013

Electronic Signature of Signing Officer or Director

Date