

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000005458

FILED
Jan 16, 2003
Secretary of State

Entity Name: HEALTHMARKET INSURANCE AGENCY INC.

Current Principal Place of Business:

20 GLOVER AVENUE
NORWALK, CT 06850 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5360
SOUTH NORWALK, CT 06856 US

New Mailing Address:

FEI Number: 06-1593688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, GREGORY R
Address: 20 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06850

Title: SD () Delete
Name: BIERMAN, RICHARD E
Address: 20 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06850

Title: TD () Delete
Name: PAGANO, JOHN R
Address: 20 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06850

Title: VP (X) Delete
Name: GORDON, LAURA P
Address: 20 GLOVER AVENUE
City-St-Zip: NORWALK, CT 06850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN R. PAGANO

TD

01/16/2003

Electronic Signature of Signing Officer or Director

Date