2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# F02000005282

Entity Name: MIDAMERICA HEALTH INC

Current Principal Place of Business:

MID AMERICA HEALTH, INC.
3G2
INDIANAPOLIS, IN 46201

New Principal Place of Business:

Current Mailing Address:

55 S. STATE AVENUE
3G2
INDIANAPOLIS, IN 46201

New Mailing Address:

FEI Number: 35-1681811 **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: CP ( ) Delete
Name: MATHEWS, WILLIAM
Address: 89 N. DEARBORN
City-St-Zip: INDIANAPOLIS, IN 46201

Title: DST ( ) Delete
Name: MATHEWS, JACQUELINE J
Address: 89 N. DEARBORN
City-St-Zip: INDIANAPOLIS, IN 46201

Title: DVP ( ) Delete
Name: SWAN, MICHAEL D
Address: 1220 S MUESING RD
City-St-Zip: CUMBERLAND, IN 46239

Title: VP ( ) Delete
Name: LOPEZ, JOSE C VP
Address: 55 S. STATE AVE. SUITE 3G2
City-St-Zip: INDIANAPOLIS, IN 46201

Title: VP ( ) Delete
Name: MURPHY, PATRICK M VP
Address: 55 S. STATE AVE. SUITE 3G2
City-St-Zip: INDIANAPOLIS, IN 46201

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:

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 Chapter 119, 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: WILLIAM MATHEWS PRES 04/12/2006

Electronic Signature of Signing Officer or Director — Date