2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003055

Apr 20, 2012 Secretary of State

Entity Name: HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Current Principal Place of Business: New Principal Place of Business:

2900 N LOOP WEST 2900 NORTHLOOP WEST SUITE 1300 SUITE 1300

HOUSTON, TX 77092 HOUSTON, TX 77092

Current Mailing Address: New Mailing Address:

 2900 N LOOP WEST
 2900 NORTHLOOP WEST

 SUITE 1300
 SUITE 1300

 HOUSTON, TX 77092
 HOUSTON, TX 77092

FEI Number: 20-8534298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PRES

Name: MIRT, MIKE G

Address: 2900 NORTHLOOP WEST SUITE 1300

City-St-Zip: HOUSTON, TX 77092

Title: CFO

Name: WARRANT, FRANKLIN S

Address: 2900 NORTHLOOP WEST SUITE 1300

City-St-Zip: HOUSTON, TX 77092

Title: VPS

Name: TULLOCH, MARK A

Address: 2900 NORTHLOOP WEST SUITE 1300

City-St-Zip: HOUSTON, TX 77092

Title:

Name: MIRT, MICHAEL G

Address: 2900 NORTHLOOP WEST SUITE 1300

City-St-Zip: HOUSTON, TX 77092

Title:

Name: MCCULLOUGH, BRIAN T

Address: 2900 NORTHLOOP WEST SUITE 1300

City-St-Zip: HOUSTON, TX 77092

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: MARK ANDREW TULLOCH VPS 04/20/2012