

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F93000000427

FILED
Apr 25, 2003
Secretary of State

Entity Name: HEALTH INITIATIVES, INC.

Current Principal Place of Business:

3000 GOFFS FALLS RD
MANCHESTER, NH 031110001 US

New Principal Place of Business:

Current Mailing Address:

3000 GOFFS FALLS RD
MANCHESTER, NH 031110001 US

New Mailing Address:

FEI Number: 02-0449033

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:

INSURANCE COMMISSIONER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: INSURANCE COMMISSIONER

04/25/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORR, MARJORIE W
Address: 370 BASSETT ROAD
City-St-Zip: NORTH HAVEN, CT 06473

Title: T () Delete
Name: MARTIN, GEORGE D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: COBD () Delete
Name: GLASSCOCK, LARRY C
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S () Delete
Name: PURCELL, NANCY L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D () Delete
Name: FRICK, DAVID R
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D () Delete
Name: SMITH, MICHAEL L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

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:

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: NANCY L. PURCELL

S

04/25/2003

Electronic Signature of Signing Officer or Director

Date