

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002865

FILED
Apr 29, 2005
Secretary of State

Entity Name: FIRST HEALTH INSURANCE SERVICES, INC.

Current Principal Place of Business:

3200 HIGHLAND AVENUE
DOWNERS GROVE, IL 605151223

New Principal Place of Business:

Current Mailing Address:

3200 HIGHLAND AVENUE
DOWNERS GROVE, IL 605151223

New Mailing Address:

FEI Number: 36-3968863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 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: V () Delete
Name: OBERLING, SUSAN
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: P () Delete
Name: GLOGOWSKI, KARYN
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: TD () Delete
Name: SCULLION, PATRICK
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: AS () Delete
Name: JONES, MARGARET B
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: AS () Delete
Name: SMITH, SUSAN T
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

Title: AS () Delete
Name: MOSBY, MARK A
Address: 3200 HIGHLAND AVE
City-St-Zip: DOWNERS GROVE, IL 60515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCDONOUGH, THOMAS P
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

Title: T (X) Change () Addition
Name: MASTRI, THOMAS M
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

Title: S (X) Change () Addition
Name: SMITH, SHIRLEY R
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

Title: VP (X) Change () Addition
Name: LYNCH, ARTHUR J
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

Title: VP (X) Change () Addition
Name: SHOLDER, MARTIN A
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

Title: VP (X) Change () Addition
Name: GLOGOWSKI, KARYN R
Address: 6705 ROCKLEDGE DR; STE 900
City-St-Zip: BETHESDA, MD 20817

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: SHIRLEY R SMITH

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04/29/2005

Electronic Signature of Signing Officer or Director

Date