

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K87255

FILED
Apr 20, 2007
Secretary of State

Entity Name: NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.

Current Principal Place of Business:

687 ALDERMAN ROAD, #303
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

3440 LEHIGH STREET
ALLENTOWN, PA 18103

New Mailing Address:

FEI Number: 59-2953469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: HUNT, WILLIAM W JR
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: P () Delete
Name: PATRICK, TOM
Address: 687 ALDERMAN ROAD 303
City-St-Zip: PALM HARBOR, FL 34683

Title: T () Delete
Name: CLOUTIER, MARK
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

Title: S () Delete
Name: BAGLEY, JANE M
Address: 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103 US

Title: D () Delete
Name: PATTERSON, PATRICK D
Address: 687 ALDERMAN ROAD, #303
City-St-Zip: PALM HARBOR, FL 34683 US

Title: V () Delete
Name: PATRICK, WANITA S
Address: 687 ALDERMAN ROAD, #303
City-St-Zip: PALM HARBOR, FL 34683 US

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
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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: MARK D. CLOUTIER

T

04/20/2007

Electronic Signature of Signing Officer or Director

Date