

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K87255

FILED
Jan 03, 2011
Secretary of State

Entity Name: NETWORK INSURANCE SENIOR HEALTH DIVISION, INC.

Current Principal Place of Business:

3523 PALM HARBOR BLVD.
PALM HARBOR, FL 34683 US

New Principal Place of Business:

3440 LEHIGH STREET
ALLENTOWN, PA 18103 US

Current Mailing Address:

3440 LEHIGH STREET
ATTN: LEGAL DEPARTMENT
ALLENTOWN, PA 18103

New Mailing Address:

3440 LEHIGH STREET
ALLENTOWN, PA 18103 US

FEI Number: 59-2953469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: STEVEN P. ZIMMER, SPECIAL ASST. SECRETARY

01/03/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CRO
Name: ROBINSON, ROBERT OF PTNA
Address: CRO OF PARENT, 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

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

Title: T
Name: VINAS, JOSE A OF PTNA
Address: CONTROLLER OF PARENT, 3440 LEHIGH STREET
City-St-Zip: ALLENTOWN, PA 18103

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: JAN MENIN BAGLEY

S

01/03/2011

Electronic Signature of Signing Officer or Director

Date