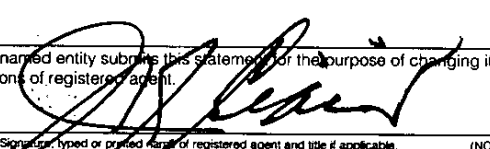
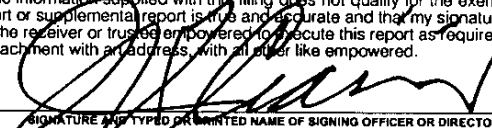


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90256 003 \*\*\*150.00

<b>DOCUMENT # P01000038364</b>					
1. Entity Name <b>JHC INSURANCE CORP.</b>					
<b>D/B/A GROUP BENEFITS PLUS</b>					
Principal Place of Business <b>1201 W. CHARTER ST. TAMPA, FL 33602</b>			Mailing Address <b>1201 W. CHARTER ST. TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # <b>7001 TEMPLE TERRACE HWY</b>			3. Mailing Address <b>7001 TEMPLE TERRACE HWY</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>TEMPLE TERRACE, FL</b>			City & State <b>TEMPLE TERRACE, FL</b>		
Zip <b>33637</b>			Country <b>HILLSBOROUGH</b>		
6. Name and Address of Current Registered Agent <b>CIACCIO, JOSEPH H 1201 W. CHARTER ST TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent <b>1001 TEMPLE TERRACE HWY TEMPLE TERRACE FL 33637</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  DATE: <b>01-04-07</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete				
NAME	CIACCIO, JOSEPH H				
STREET ADDRESS	1201 W. CHARTER ST.				
CITY-ST-ZIP	TAMPA, FL 33602				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  DATE: <b>01-04-07</b>					
(NOTE: Registered Agent signature required when reinstating)					