2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2010
Secretary of State

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Entity Name: PHYSICIANS UNITED PLAN, INC.

Current Principal Place of Business:

483 NORTH SEMORAN BLVD.
WINTER PARK, FL 32792

New Principal Place of Business:

483 NORTH SEMORAN BLVD.
SUITE 203
WINTER PARK, FL 32792

Current Mailing Address:

P.O. BOX 4906
WINTER PARK, FL 32793

New Mailing Address:

FEI Number: 20-2505788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KOLLEFRATH, JAMES D
483 NORTH SEMORAN BLVD.
WINTER PARK, FL 32792 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: SVP
Name: KOLLEFRATH, JAMES D
Address: 483 NORTH SEMORAN BLVD. SUITE 203
City-St-Zip: WINTER PARK, FL 32792

Title: CEO
Name: SATTAUR, IMTIAZ H
Address: 483 NORTH SEMORAN BLVD. SUITE 203
City-St-Zip: WINTER PARK, FL 32792

Title: VP
Name: TURRELL, MICHAEL F
Address: 483 NORTH SEMORAN BLVD. SUITE 203
City-St-Zip: WINTER PARK, FL 32792

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: J. DANIEL KOLLEFRATH SVP 02/19/2010

Electronic Signature of Signing Officer or Director — Date