2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

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Entity Name: PAGEL LONG TERM CARE INSURANCE, INC.

Current Principal Place of Business:

15260 CEDARWOOD LANE #A-102
NAPLES, FL 34110

New Principal Place of Business:

1796 PENNECAMP DRIVE
THE VILLAGES, FL 32162

Current Mailing Address:

15260 CEDARWOOD LANE #A-102
NAPLES, FL 34110

New Mailing Address:

1796 PENNECAMP DRIVE
THE VILLAGES, FL 32162

FEI Number: 22-3939403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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

OFFICERS AND DIRECTORS:

Title: DPS
Name: PAGEL, BARBARA F
Address: 1796 PENNECAMP DRIVE
City-St-Zip: THE VILLAGES, FL 32162

Title: DVT
Name: PAGEL, ROBERT J
Address: 1796 PENNECAMP DRIVE
City-St-Zip: THE VILLAGES, FL 32162

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: ROBERT J. PAGEL DVT 01/06/2011

Electronic Signature of Signing Officer or Director — Date