2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029344

Entity Name: QUALITY HEALTH PLANS INSURANCE COMPANY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
4010 GUNN HIGHWAY, STE 220 TAMPA, FL 33618	

Current Mailing Address:	**New Mailing Address:**
4010 GUNN HIGHWAY, STE 220 TAMPA, FL 33618	

FEI Number: 20-8572241   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
DUNSFORD, TINA E 100 NORTH TAMPA STREET 2700 TAMPA, FL 33606 US	DUNSFORD, TINA E 201 NORTH FRANKLIN STREET 2200 TAMPA, FL 33602 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: _____   04/28/2010
                    Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD
Name: KHAN, NAZEER
Address: 4010 GUNN HIGHWAY STE 220
City-St-Zip: TAMPA, FL 33618

Title: PD
Name: KHAN, HAIDER
Address: 4010 GUNN HIGHWAY, STE 220
City-St-Zip: TAMPA, FL 33618

Title: TD
Name: KHAN, SABIHA
Address: 4010 GUNN HIGHWAY, STE 220
City-St-Zip: TAMPA, FL 33618

Title: D
Name: KHAN, SAFIA
Address: 4010 GUNN HIGHWAY SUITE 220
City-St-Zip: TAMPA, FL 33618

Title: D
Name: DUNSFORD, TINA
Address: 100 NORTH TAMPA STREET, STE 2700
City-St-Zip: TAMPA, FL 33606

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: HAIDER A. KHAN   PD   04/28/2010
                    Electronic Signature of Signing Officer or Director   Date