

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029344

FILED
Apr 27, 2011
Secretary of State

Entity Name: QUALITY HEALTH PLANS INSURANCE COMPANY, INC.

Current Principal Place of Business:

4010 GUNN HIGHWAY, STE 220
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4010 GUNN HIGHWAY, STE 220
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-8572241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNSFORD, TINA E
201 NORTH FRANKLIN STREET
2200
TAMPA, FL 33602 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: 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 KHAN

PD

04/27/2011

Electronic Signature of Signing Officer or Director

Date