2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11951

FILED Apr 09, 2009 Secretary of State

Entity Name: SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Current Principal Place of Business: New Principal Place of Business: 11825 N. PENNSYVLANIA ST. 1289 W. CITY CENTER DRIVE CARMEL, IN 46032 SUITE 200 CARMEL, IN 46032 **Current Mailing Address: New Mailing Address:** 1289 W. CITY CENTER DRIVE 11825 N. PENNSYLVANIA ST. CARMEL, IN 46032 SUITE 200 US CARMEL, IN 46032 US FEI Number: 23-0704970 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: CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 323990000 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition Name: BARDIN, DAN R Name: BAKKE, HOLLY C CEO 11825 N PENNSYLVANIA ST 1289 W. CITY CENTER DRIVE, SUITE 200 Address: Address: CARMEL, IN 46032 City-St-Zip: City-St-Zip: CARMEL, IN 46032 Title: scoo Title: () Delete (X) Change () Addition WEGNER, BRIAN C SCOO Name: HACKER, TODD M Name: 11825 N. PENNSYLVANIA ST. 1289 W. CITY CENTER DRIVE, SUITE 200 Address: Address: CARMEL, IN 46032 CARMEL, IN 46032 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition CFO BONACH, EDWARD J SARANTOS, DEAN G CFO Name: Name: 11825 N. PENNSYLVANIA ST. 1289 W. CITY CENTER DRIVE, SUITE 200 Address: Address: CARMEL, IN 46032 City-St-Zip: CARMEL, IN 46032 US City-St-Zip: Title: (X) Delete Title: () Change () Addition KINDIG, KARL W Name: Name: Address: 11825 N. PENNSYLVANIA ST. Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: Title: Title: (X) Delete () Change () Addition NICKELE, CHRISTOPHER J Name: Name: 11825 N PENNSYLVANIA ST Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: BARTA, THOMAS D Name: 11825 N. PENNSYLVANIA STREET Address: Address: City-St-Zip: CARMEL, IN 46032 City-St-Zip:

SIGNATURE: BRIAN C. WEGNER SCOO 04/09/2009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.