2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2012
Secretary of State

DOCUMENT# P11951

Entity Name: SENIOR HEALTH INSURANCE COMPANY OF PENNSYLVANIA

Current Principal Place of Business:

1289 W. CITY CENTER DRIVE
SUITE 200
CARMEL, IN 46032 US

New Principal Place of Business:

Current Mailing Address:

1289 W. CITY CENTER DRIVE
SUITE 200
CARMEL, IN 46032 US

New Mailing Address:

FEI Number: 23-0704970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 323990000 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: CEO
Name: WEGNER, BRIAN C
Address: 1289 W. CITY CENTER DRIVE, SUITE 200
City-St-Zip: CARMEL, IN 46032

Title: SEC
Name: DARROUGH, GINGER S
Address: 1289 W. CITY CENTER DRIVE, SUITE 200
City-St-Zip: CARMEL, IN 46032 US

Title: TREA
Name: LORENTZ, PAUL E
Address: 1289 W. CITY CENTER DRIVE, SUITE 200
City-St-Zip: CARMEL, IN 46032 US

Title: GC
Name: CARMODY, PATRICK L
Address: 1289 W. CITY CENTER DRIVE, SUITE 200
City-St-Zip: CARMEL, IN 46032 US

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: PATRICK L. CARMODY GC 03/14/2012

Electronic Signature of Signing Officer or Director — Date