2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P98000016731

Entity Name: LONG TERM CARE INSURANCE SERVICE, INC.

Current Principal Place of Business:

2681 SOUTH COURSE DRIVE, #906
POMPANO BEACH, FL 33069

New Principal Place of Business:

2681 SOUTH COURSE DRIVE
#906
POMPANO BEACH, FL 33069

Current Mailing Address:

2681 SOUTH COURSE DRIVE, #906
POMPANO BEACH, FL 33069

New Mailing Address:

2681 SOUTH COURSE DRIVE
#906
POMPANO BEACH, FL 33069

FEI Number: 65-0814306 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLITZ, ROBERT B
2681 SOUTH COURSE DRIVE, #906
POMPANO BEACH, FL 33069

Name and Address of New Registered Agent:

COLITZ, ROBERT B
2681 SOUTH COURSE DRIVE
#906
POMPANO BEACH, FL 33069

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: 01/29/2002
Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FELD, LOIS
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: COLITZ, ROBERT
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FELD, LOIS B
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

Title: D (X) Change ( ) Addition
Name: COLITZ, ROBERT B
Address: 2681 SOUTH COURSE DRIVE, #906
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LOIS B. FELD PRES 01/29/2002
Electronic Signature of Signing Officer or Director — Date