2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2014
Secretary of State
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Entity Name: HEALTH PLAN ONE, INC.

Current Principal Place of Business:

1000 BRIDGEPORT AVE 4TH FLOOR
SHELTON, CT 06484

Current Mailing Address:

1000 BRIDGEPORT AVE 4TH FLOOR
SHELTON, CT 06484 US

FEI Number: 26-2240193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAPLETON, WILLIAM
4042 PARK OAKS BLVD
TAMPA, FL 33610 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

Officer/Director Detail :

Title	D
Name	HILL, KEVIN
Address	58 FIRST AVE SUITE 202
City-State-Zip:	ATLANTIC HIGHLANDS NJ 07716

Title	D
Name	POCH, JERRY
Address	120 W 45TH ST 19TH FLOOR
City-State-Zip:	NEW YORK NY 10036

Title	PD
Name	STAPLETON, WILLIAM
Address	1000 BRIDGEPORT AVE 4TH FLOOR
City-State-Zip:	SHELTON CT 06484

Title	VP
Name	HENDERSON, DAVID
Address	1000 BRIDGEPORT AVE 4TH FLOOR
City-State-Zip:	SHELTON CT 06484

Title	D
Name	WHEELER, CHAN
Address	11 SURF RD
City-State-Zip:	WESTPORT CT 06880

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: WILLIAM C STAPLETON CEO 01/07/2014

Electronic Signature of Signing Officer/Director Detail — Date