

No. C 192238		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. WINDSOR HEALTH PLAN, INC. KUMARIE JAGNARAIN 8735 HENDERSON ROAD TAMPA FL 33634 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	ANDREW L ASHER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
PRESIDENT	KENNETH A BURDICK	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
SECRETARY	BLAIR W TODT	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	ANDREW L ASHER	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	BLAIR W TODT	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
DIRECTOR	KENNETH A BURDICK	8735 HENDERSON ROAD	TAMPA	FL	USA	33634
5. Organized Under the Laws of: TN C 192238		6. Annual Report must be signed.* Signature: BLAIR W TODT Name (type or print): BLAIR W TODT				
		Date: 08/10/2015 Title: SECRETARY				
Processed 08/10/2015		* Electronically provided signatures are accepted as original signatures.				