

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 855552

FILED
Apr 18, 2011
Secretary of State

Entity Name: MEMBERS HEALTH INSURANCE COMPANY

Current Principal Place of Business:

147 BEAR CREEK PIKE
COLUMBIA, TN 38401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1801
COLUMBIA, TN 38402

New Mailing Address:

FEI Number: 35-1536282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: PD
Name: BARKER, FLAVIUS A MR.
Address: 147 BEAR CREEK PIKE
City-St-Zip: COLUMBIA, TN 38401

Title: CEOD
Name: ROBERTS, LONNIE E MR
Address: 147 BEAR CREEK PIKE
City-St-Zip: COLUMBIA, TN 38401

Title: S
Name: PINKSTON, TERRI R MRS.
Address: 147 BEAR CREEK PIKE
City-St-Zip: COLUMBIA, TN 38401

Title: T
Name: TICE, LEANN MRS.
Address: 147 BEAR CREEK PIKE
City-St-Zip: COLUMBIA, TN 38401

Title: D
Name: CHERRY, JAMES K MR.
Address: 127 HABERSHAM ROAD
City-St-Zip: COLUMBIA, TN 38401

Title: D
Name: NUCKOLS, WILLIAM E MR.
Address: 3501 ENCLAVE BAY DRIVE
City-St-Zip: CHATTANOOGA, TN 37515

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: TERRI PINKSTON

_____ Electronic Signature of Signing Officer or Director

SECR

04/18/2011

_____ Date