

1.) CORPORATION NAME:

**Senior Health Insurance Company of Pennsylvania**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

DUE DATE: **12/31/2012**

SCC ID NO: **F0561342**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFER	20,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1289 W CITY CENTER DRIVE  
STE 200

CITY/ST/ZIP: CARMEL, IN 46032

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRIAN C WEGNER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	1289 W CITY CENTER DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	PAUL E LORENTZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1289 W CITY CENTER DRIVE		
	STE 200		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	GINGER S DARROUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1289 W CITY CENTER DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	JULIANNE M BOWLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1289 W CITY CENTER DRIVE		
	SUITE 200		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	CECIL P BYKERK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1289 W CITY CENTER DR		
	STE 2		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY V SERIO DIRECTOR 1289 W CITY CENTER DRIVE SUITE 200 CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M MORRISON DIRECTOR 1289 W. CITY CENTER DRIVE SUITE 200 CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E HAMPTON DIRECTOR 1289 W. CITY CENTER DRIVE SUITE 200 CARMEL, IN 46032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIAN C WEGNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN C WEGNER, PRES/CEO PRINTED NAME AND CORPORATE TITLE	12/7/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			