

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **821543** (6)

1. Corporation Name

CORPORATE HEALTH INSURANCE COMPANY



Principal Place of Business

Mailing Address

980 JOLLY ROAD
POST OFFICE BOX 1109
BLUE BELL PA 19422
US

980 JOLLY ROAD
POST OFFICE BOX 1109
BLUE BELL PA 19422
US

3. Date Incorporated or Qualified 06/13/1968	3a. Date of Last Report 04/26/1995
4. FCI Number 23-2710210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent if then applicable

Signature typed or printed name of new registered agent if then applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDILLO, MICHAEL J	12 NAME	
STREET ADDRESS	980 JOLLY ROAD	13 STREET ADDRESS	
CITY-STATE-ZIP	BLUE BELL PA 19422	14 CITY-STATE-ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLAIDES, COSTAS C	22 NAME	Dickerson, James H Jr
STREET ADDRESS	980 JOLLY ROAD	23 STREET ADDRESS	980 Jolly Road
CITY-STATE-ZIP	BLUE BELL PA	24 CITY-STATE-ZIP	Blue Bell, PA 19422
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, DAVID F	32 NAME	
STREET ADDRESS	980 JOLLY ROAD	33 STREET ADDRESS	
CITY-STATE-ZIP	BLUE BELL PA 19422	34 CITY-STATE-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCI, THOMAS A JR	42 NAME	
STREET ADDRESS	980 JOLLY ROAD	43 STREET ADDRESS	
CITY-STATE-ZIP	BLUE BELL PA 19422	44 CITY-STATE-ZIP	
TITLE	V	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPARLAND, THOMAS J JR	52 NAME	
STREET ADDRESS	980 JOLLY ROAD	53 STREET ADDRESS	
CITY-STATE-ZIP	BLUE BELL PA	54 CITY-STATE-ZIP	Blue Bell, PA 19422
TITLE	T	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYK, DAVID C	62 NAME	
STREET ADDRESS	980 JOLLY ROAD	63 STREET ADDRESS	
CITY-STATE-ZIP	BLUE BELL PA 19422	64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas J. McParland, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas J. McParland, Jr.

(215) 283-6706

Telephone Number

CR2E034 (12/95)