


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 821543 (6)**  
1. Corporation Name  
**CORPORATE HEALTH INSURANCE COMPANY**



Principal Place of Business <b>980 JOLLY ROAD POST OFFICE BOX 1109 BLUE BELL PA 19422 US</b>	Mailing Address <b>980 JOLLY ROAD POST OFFICE BOX 1109 BLUE BELL PA 19422-0746 US</b>
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3. Date Incorporated or Qualified <b>06/13/1968</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>23-2710210</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent  
**FLORIDA STATE INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARDILLO, MICHAEL J</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA 19422</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DICKERSON, JAMES H JR.</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMON, DAVID F</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA 19422</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MASCI, THOMAS A JR</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA 19422</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCPARLAND, THOMAS J JR</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SMYK, DAVID C</b>	
STREET ADDRESS	<b>980 JOLLY ROAD</b>	
CITY - ST - ZIP	<b>BLUE BELL PA 19422</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DELUCCA, JOHN F.</b>
5.3 STREET ADDRESS	<b>980 JOLLY ROAD</b>
5.4 CITY - ST - ZIP	<b>BLUE BELL, PA 19422</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **John F. DeLuca** **4/11/97 (215) 283-6508**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)