

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

**FILED**

**May 28 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 821543 (6)**  
1. Corporation Name  
**CORPORATE HEALTH INSURANCE COMPANY**



DO NOT WRITE IN THIS SPACE

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 US</b>		3. Date Incorporated or Qualified <b>06/13/1968</b>	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>23-2710210</b>	Applied For Not Applicable		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30		

9. Name and Address of Current Registered Agent <b>FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83					
84 City					

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	V
NAME	CARDILLO, MICHAEL J	1.2 NAME	Timothy E. Nolan
STREET ADDRESS	980 JOLLY ROAD	1.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	BLUE BELL PA 19422	1.4 CITY-ST-ZIP	Blue Bell, PA 19422
TITLE	D	2.1 TITLE	V
NAME	DICKERSON, JAMES H JR.	2.2 NAME	Allen P. Maltz
STREET ADDRESS	980 JOLLY ROAD	2.3 STREET ADDRESS	151 Farmington Ave.
CITY-ST-ZIP	BLUE BELL PA	2.4 CITY-ST-ZIP	Hartford, Ct 06156
TITLE	SD	3.1 TITLE	S/D/V
NAME	SIMON, DAVID F	3.2 NAME	David F. Simon
STREET ADDRESS	980 JOLLY ROAD	3.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	BLUE BELL PA 19422	3.4 CITY-ST-ZIP	Blue Bell, PA 19422
TITLE	V	4.1 TITLE	V
NAME	DELUCCA, JOHN F	4.2 NAME	James A. Geyer
STREET ADDRESS	980 JOLLY RD	4.3 STREET ADDRESS	151 Farmington Ave.
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	Hartford, Ct 06156
TITLE	T	5.1 TITLE	T/V
NAME	SMYK, DAVID C	5.2 NAME	David C. Smyk
STREET ADDRESS	980 JOLLY ROAD	5.3 STREET ADDRESS	980 Jolly Road
CITY-ST-ZIP	BLUE BELL PA 19422	5.4 CITY-ST-ZIP	Blue Bell, PA 19422
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CFR2E034 (10/97)

**CORPORATE HEALTH INSURANCE COMPANY  
OFFICAL POSITIONS**

<b><u>NAME</u></b>	<b><u>OFFICIAL TITLE(S)</u></b>	<b><u>OFFICE ADDRESS</u></b>
Michael James Cardillo	President, Director	980 Jolly Road Blue Bell, PA 19422
David Frederick Simon	Executive Vice President, General Counsel, Secretary Director	980 Jolly Road Blue Bell, PA 19422
Timothy Edmund Nolan	Vice President	980 Jolly Road Blue Bell, PA 19422
David Charles Smyk	Vice President, Treasurer	980 Jolly Road Blue Bell, PA 19422
Allen Phillip Maltz	Vice President, Chief Actuary	151 Farmington Ave. Hartford, CT 06156
James Armstrong Geyer	Vice President, Actuary	151 Farmington Ave. Hartford, CT 06156
John Francis DeLuca	Vice President, Controller, Assistant Secretary	980 Jolly Road Blue Bell, PA 19422
Don Hun Liu	Assistant Secretary	980 Jolly Road Blue Bell, PA 19422
Stephen Paul Fisher	Assistant Secretary	151 Farmington Ave. Hartford, CT 06156
Robert John Colleran	Assistant Secretary	151 Farmington Ave. Hartford, CT 06156
Kimberly C. Dube	Assistant Secretary	151 Farmington Ave. Hartford, CT 06156
Debra Lisa Weger	Assistant Secretary	980 Jolly Road Blue Bell, PA 19422