

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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90007 046 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 821543

1. Corporation Name
CORPORATE HEALTH INSURANCE COMPANY



Principal Place of Business
**980 JOLLY ROAD
 POST OFFICE BOX 1109
 BLUE BELL PA 19422
 US**

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

DO NOT WRITE IN THIS SPACE

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 06156 30

3. Date Incorporated or Qualified
06/13/1968

4. FEI Number
23-2710210

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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
 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 607.1508, 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARDILLO, MICHAEL J	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NOLAN, TIMOTHY E	
STREET ADDRESS	980 JOLLY RD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SIMON, DAVID F	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DELUCCA, JOHN F	
STREET ADDRESS	980 JOLLY RD	
CITY-ST-ZIP	BLUE BELL PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMYK, DAVID C	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MALTZ, ALLEN P	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN J. BERMEL	
1.3 STREET ADDRESS	151 FARMINGTON AVE., MC65	
1.4 CITY-ST-ZIP	HARTFORD, CT 06156	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES A. GEYER	
6.3 STREET ADDRESS	151 FARMINGTON AVE., MB52	
6.4 CITY-ST-ZIP	HARTFORD, CT 06156	

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, with all other like empowered.

SIGNATURE: Robert Coleran 4/14/99 800-636-5798
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

Corporate Health Insurance Company
Officer list

546078-90007-46
#821543

1. Full Legal Name: Timothy E. Nolan
Title(s): President, Director
Business Addr: AUSHC
980 Jolly Road, US1C
Blue Bell, PA 19422
2. Full Legal Name: David F. Simon
Title(s): Executive Vice President, Secretary, Director
Business Addr: 980 Jolly Road, U1AA
Blue Bell, PA 19422
3. Full Legal Name: David C. Smyk
Title(s): Vice President, Treasurer
Business Addr: 980 Jolly Road, U14C
Blue Bell, PA 19422
4. Full Legal Name: James A. Geyer
Title(s): Vice President, Chief Actuary
Business Addr: 151 Farmington Ave., MB52
Hartford, CT 06156
5. Full Legal Name: John J. Bermel
Title(s): Vice President, Controller
Business Addr: 151 Farmington Ave., MC65
Hartford, CT 06156
6. Full Legal Name: John F. Delucca
Title(s): Vice President, Assistant Secretary
Business Addr: 980 Jolly Road, U14C
Blue Bell, PA 19422
7. Full Legal Name: Robert J. Collieran
Title(s): Assistant Secretary
Business Addr: 151 Farmington Ave., MC64
Hartford, CT 06156
8. Full Legal Name: William I. Kramer
Title(s): Assistant Secretary
Business Addr: 980 Jolly Road, U19A
Blue Bell, PA 19422
9. Full Legal Name: Brian J. Kost
Title(s): Assistant Secretary
Business Addr: 151 Farmington Ave., MC64
Hartford, CT 06156
10. Full Legal Name: Debra L. Weger
Title(s): Assistant Secretary
Business Addr: 980 Jolly Road, U14C
Blue Bell, PA 19422
11. Full Legal Name: Paul J. Selian
Title(s): Senior Investment Officer
Business Addr: 151 Farmington Ave., RTAA
Hartford, CT 06156