

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90094 034 \*\*\*550.00

**DOCUMENT # 821543**

1. Entity 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>151 FARMINGTON AVE          MC 64          HARTFORD CT 06156          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2710210**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER** *same agent*  
**THE CAPITOL BUILDING** *address change*  
**TALLAHASSEE FL 32301** *only.*

Name  
*Treasurer and IC, Florida Department of Ins.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*Larson Building, Room 540*  
*200 E. Gaines St.*  
 City  
*Tallahassee* **FL** Zip Code  
*32399-6562*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BERMEL, JOHN J</b> <b>151 FARMINGTON AVE, MC65</b> <b>HARTFORD CT 06156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Michael J. Cardillo</b> <b>980 Jolly Road</b> <b>Blue Bell, PA 19422</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NOLAN, TIMOTHY E</b> <b>980 JOLLY RD</b> <b>BLUE BELL PA 19422</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Gregory S. Martino</b> <b>980 Jolly Road</b> <b>Blue Bell, PA 19422</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>SIMON, DAVID F</b> <b>980 JOLLY ROAD</b> <b>BLUE BELL PA 19422</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>Brian J. Kost</b> <b>151 Farmington Avenue</b> <b>Hartford, CT 06156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>DELUCCA, JOHN F</b> <b>980 JOLLY RD</b> <b>BLUE BELL PA</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Lawrence G. Orkins, Jr.</b> <b>151 Farmington Avenue</b> <b>Hartford, CT 06156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>SMYK, DAVID C</b> <b>980 JOLLY ROAD</b> <b>BLUE BELL PA 19422</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>William I. Kramer</b> <b>980 Jolly Road</b> <b>Blue BELL, PA 19422</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GEYER, JAMES A</b> <b>151 FARMINGTON AVE</b> <b>HARTFORD CT 06156</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Debra L. Weger</b> <b>980 Jolly Road</b> <b>Blue Bell, PA 19422</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ *[Signature]* **7/18/2000** **860-636-4079**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #