

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90161 001 \*\*\*150.00

**DOCUMENT # 821543**

1. Entity Name  
**CORPORATE HEALTH INSURANCE COMPANY**



Principal Place of Business  
**980 JOLLY ROAD  
BLUE BELL PA 19422  
US**

Mailing Address  
**151 FARMINGTON AVE  
W101  
HARTFORD CT 06156  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

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**

**CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD NORWOOD, FELICIA F 2001 REINAISSANCE BOULEVARD KING OF PRUSS PA 19406</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS MARTINO, GREGORY S 980 JOLLY ROAD BLUE BELL PA 19422</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SMYK, DAVID C 980 JOLLY ROAD BLUE BELL PA 19422</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTIN, BLAKE W 151 FARMINGTON AVENUE HARTFORD CT 06156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIO SELIAN, PAUL J 151 FARMINGTON AVENUE HARTFORD CT 06156</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT SMITH, RUSSELL P. 151 FARMINGTON AVE. HARTFORD, CT 06156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SIO CASEY, KEVIN J. 151 FARMINGTON AVE. HARTFORD, CT 06156</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/14/03**  
Date

**860 273-3521**  
Daytime Phone #


CR2E034 (10/02)

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Attachment 90007948*

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US**

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Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



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Applied For  
 Not Applicable

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

**FILE NOW!!! FEE IS \$150.00  
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Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NORWOOD, FELICIA F	
STREET ADDRESS	2001 REINAISSANCE BOULEVARD	
CITY-ST-ZIP	KING OF PRUSS PA 19406	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MARTINO, GREGORY S	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SMYK, DAVID C	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, BLAKE W	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	SIO	<input checked="" type="checkbox"/> Delete
NAME	SELJAN, PAUL J	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RUSSELL P.	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIO CASEY, KEVIN J.	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: *Blake W. Martin* **11/14/03** **860 273-3521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

Aetna Inc.

Attachment

90007948

#821543

CORPORATE HEALTH INSURANCE COMPANY

**Aetna**

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156

Request Number: 00000111887  
Cost Center: 81003

Check No.: 101012311

82-20  
311

PAY One hundred fifty and 00/100 Dollars

TO THE  
ORDER OF

FLORIDA DEPARTMENT OF STATE  
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

01/13/2003

\*\*\*\*\*\$150.00

Citibank - Delaware  
One Penn's Way  
New Castle, Delaware

*Carol P. Jind Jr.*  
AUTHORIZED SIGNATURE

DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER

⑈0101012311⑈ :031100209: 38558675⑈