

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90001 023 ***150.00

DOCUMENT # 833275

1. Entity Name *RCE*
HEALTHSOUTH INSURANCE COMPANY

Principal Place of Business

Mailing Address

1111 MARKET ST
 CHATTANOOGA TN 37402
 US

900 COTTAGE GROVE RD
 W-15
 HARTFORD CT 06152-0001
 US

2. Principal Place of Business

1111 Market Street

Suite, Apt. #, etc.

3. Mailing Address

900 Cottage Grove Rd

Suite, Apt. #, etc.

W-15

City & State

Chattanooga TN

City & State

Hartford, CT

4. FEI Number

75-1277524

Applied For

Not Applicable

Zip

Country

37402

US

Zip

Country

06152-5515

US

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

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 TALLAHASSEE FL 32304**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	PREMINGER, MARC L	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	HARTFORD CT 06152	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PESNELL, JAMES H	
STREET ADDRESS	1111 MARKET ST	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	T	<input type="checkbox"/> Delete
NAME	BACH, MAI TAI	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	HARTFORD CT 06152	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KOPP, DAVID C	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	HARTFORD CT 06152	
TITLE	A	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERT A	
STREET ADDRESS	1111 MARKET ST	
CITY-ST-ZIP	CHATTANOOGA TN 37402	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FITZGERALD, JOSEPH M	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	HARTFORD CT 06152	

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	
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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	

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: *Jamela Silverman* **Asst. Corp Sec** *3/21/00* (800) 726-8864
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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HEALTHSOURCE INSURANCE COMPANY

Corporate Profile System
Director Business Address List
As of -03/21/2000

Name & Title	Business Address		
HAROLD WILLIAM ALBERT	900 COTTAGE GROVE ROAD		
MEMBER OF BOARD OF DIRECTORS	HARTFORD	CT	06152
MEMBER OF INVESTMENT COMMITTEE			
THOMAS CHESTER JONES	900 COTTAGE GROVE ROAD		
CHAIRMAN OF INVESTMENT COMMITTEE	HARTFORD	CT	06152
MEMBER OF BOARD OF DIRECTORS			
WILLIAM MATTHEW PASTORE	900 COTTAGE GROVE ROAD		
CHAIRMAN OF EXECUTIVE COMMITTEE	HARTFORD	CT	06152
MEMBER OF BOARD OF DIRECTORS			
MARC LESLIE PREMINGER	900 COTTAGE GROVE ROAD		
MEMBER OF BOARD OF DIRECTORS	HARTFORD	CT	06152
MEMBER OF EXECUTIVE COMMITTEE			
JEAN HELENE WALKER	900 COTTAGE GROVE ROAD		
MEMBER OF BOARD OF DIRECTORS	HARTFORD	CT	06052
MEMBER OF INVESTMENT COMMITTEE			

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HEALTHSOURCE INSURANCE COMPANY

Corporate Profile System
Officer Business Address List
As of - 02/17/2000

Name & Title	Business Address		
WILLIAM MATTHEW PASTORE	900 COTTAGE GROVE ROAD	CT	06152
CHAIRMAN OF THE BOARD	HARTFORD		
MARC LESLIE PREMINGER	900 COTTAGE GROVE ROAD	CT	06152
PRESIDENT	HARTFORD		
VINCENT LEWIS SHRECKENGAST	900 COTTAGE GROVE ROAD	CT	06152
VICE PRESIDENT	HARTFORD		
ALAN JOHN TAUSCH	900 COTTAGE GROVE ROAD	CT	06152
VICE PRESIDENT	HARTFORD		
ACTUARY			
BACH MAI THI THAI	900 COTTAGE GROVE ROAD	CT	06152-2280
VICE PRESIDENT	HARTFORD		
TREASURER			
MARK WILSON EVERETTE	900 COTTAGE GROVE ROAD	CT	06152
ASSISTANT VICE PRESIDENT	ROUTING S-206 HARTFORD		

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HEALTHSOURCE INSURANCE COMPANY

Corporate Profile System
Officer Business Address List
As of - 02/17/2000

Name & Title	Business Address		
PETER BRIAN MATTHEWS	900 COTTAGE GROVE ROAD HARTFORD	CT	06152
ASSISTANT VICE PRESIDENT			
ROBERT ARTHUR ALEXANDER, JR.	TWO FOUNTAIN SQUARE CHATTANOOGA	TN	37402
ACTUARY			
SUSAN LAURA COOPER	900 COTTAGE GROVE ROAD W-15 HARTFORD	CT	06152-5015
CORPORATE SECRETARY			
PAMELA SCHOEPFLIN WILLIAMS	900 COTTAGE GROVE ROAD HARTFORD	CT	06152
ASSISTANT CORPORATE SECRETARY			
WILLIAM LOUIS GERNER	900 COTTAGE GROVE ROAD HARTFORD	CT	06152
ASSISTANT SECRETARY			
DAVID MATHEW PORCELLO	900 COTTAGE GROVE ROAD S-260 HARTFORD	CT	06152
ASSISTANT SECRETARY			
LAURIEANN TUTTLE	900 COTTAGE GROVE ROAD HARTFORD	CT	06152
ASSISTANT SECRETARY			