

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 11 3: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Barbara B. Norman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **837450** (6)  
1. Corporation Name:  
**MEDCO CONTAINMENT LIFE INSURANCE COMPANY**

Principal Office (if different):  
ATTN: LAW DEPARTMENT  
4333 EDGEWOOD ROAD, N.E.  
CEDAR RAPIDS IA 52402-6601

Mailing Address:  
ATTN: DANIEL W. WALDEN, VICE PRESIDENT  
100 SUMMIT AVENUE  
MONTVALE NJ 07645

DO NOT WRITE IN THIS SPACE

2. Principal Office (if different)		2a. Mailing Address		3. Date Incorporated or Renewed	3a. Date of Last Report
21		26		12/02/1976	04/29/1994
2. Principal Office (if different)		2a. Mailing Address		4. FEI Number	Applied Fee
21		26		<del>58-0210205</del> 42-1425239	Not Applicable
22. State Agent #		27. State Agent #		5. Certificate of Status Delivered <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23. City & State		28. City & State		8. This corporation has liability for retroactive tax under S. 1991(1), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24. City		25. County		29. City	
24		25		29	
24		25		30. County	
24		25		30	


9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304				81. Name			
				82. Street Address (P.O. Box Number, Not Applicable)			
				83. City			
				84. State	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 609.01 and 609.02, Florida Statutes, the above named corporation certifies 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 responsibilities of Section 609.01(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of Daniel C. Walden) \_\_\_\_\_ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1. NAME	AS VERMIE, CRAIG D 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS IA	1. NAME	DVAS Walden, Daniel C. 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME	CDP MOSHER, RONALD F 4333 EDGEWOOD ROAD N E CEDAR RAPIDS IA	1. NAME	DP Lofberg, Per G.H. 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME	DVP BAIRD, PATRICK S. 4333 EDGEWOOD RD. N.E. CEDAR RAPIDS, IA 52409	1. NAME	DVT Walsh, Leo Jr.M. 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME	DSV FALCONIO, PATRICK E 4333 EDGEWOOD ROAD N E CEDAR RAPIDS IA	1. NAME	DSV Kanter, Carl 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME	DS BROWN, LARRY G. 1111 NORTH CHARLS ST. BALTIMORE MD	1. NAME	DV Schisanl, Barbara A. 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME	DVP KYPTA, RICHARD J. 2199 S. MCDOWELL EXT. PETALUMA CA 94954	1. NAME	D Jones, Roger 100 Summit Avenue Montvale, NJ 07645
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	

14. I, the filer, certify that the information requested with this filing is voluntarily furnished and true and correct, for the information stated in Sections 114.01(1) and Florida Statutes. I further certify that the information included 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. This certificate is available on the Internet at the corporation's home page or by request to the filer. This report is required by Chapter 609, Florida Statutes, and that my certificate appears in Block 12 or Block 13 of the report as shown on the current filing address.

SIGNATURE:  DANIEL C. WALDEN 04/ /95 (201)358-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR