

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837450 (6)
 1. Corporation Name
MEDCO CONTAINMENT LIFE INSURANCE COMPANY



Principal Place of Business 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
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3. Date Incorporated or Qualified 12/02/1976	3a. Date of Last Report 05/01/1995
4. FEI Number 42-1425239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.
22 5073 Ritter Road	27 City & State
23 Mechanicsburg, PA	28 City & State
24 Zip 17055	25 Country USA
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature typed or printed name of registered agent and to file appropriate. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	WALDEN, DANIEL C	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LÖFBERG, PER G	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	WALSH, LEO JR M	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	KANTER, CARL	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHISANI, BARBARA A	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, ROGER	
STREET ADDRESS	100 SUMMIT AVE	
CITY - ST - ZIP	MONTVALE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Walden, Daniel C.
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Schisani-Ranta, Barbara A.
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Leo M. Walsh, Jr., VP & Treas.** 6/10/96 (201) 358-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day for Filing #

CR2E034 (3/96)

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Additional Directors and Officers

JoAnn Reed
Director

Sarina Dos Santos
Associate Controller

Jane Hulse
Vice President - Controller

Robert McGovern
Vice President - Tax

Thomas E. Entrup
Assistant Treasurer

All of the above are located at:

100 Summit Avenue
Montvale, NJ 07645