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Apr 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **837450**

1. Corporation Name
MEDCO CONTAINMENT LIFE INSURANCE COMPANY

Principal Place of Business

5073 RITTER ROAD
 MECHANICSBURG PA 17055
 US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1976

4. FEI Number

42-1425239

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE DELETE

NAME DVAS
 WALDEN, DANIEL C
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

TITLE DELETE

NAME DP
 LOFBERG, PER G
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

TITLE DELETE

NAME DVT
 WALSH, LEO JR M
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

TITLE DELETE

NAME DSV
 KANTER, CARL
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

TITLE DELETE

NAME DV
 SCHISANI RANTA, BARBARA
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

TITLE DELETE

NAME D
 JONES, ROGER
 STREET ADDRESS 100 SUMMIT AVE
 CITY-ST-ZIP MONTVALE NJ

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leo M. Walsh, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walsh, Jr., VP & Treas. 3/23/99 (201) 358-5850

Date

Daytime Phone #

CR2E034 (11/98)