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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAR 28 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837450

1. Corporation Name
Medco Containment Life Insurance Company

2. Principal Office Address 5010 Ritter Road Suite, Apt. #, etc. Suite 115 City & State Mechanicsburg, PA Zip 17055		3. Mailing Office Address 100 Parsons Pond Drive Suite, Apt. #, etc. City & State Franklin Lakes, NJ Zip 07417-2603	
Country US	Country US	Country US	Country US

REINSTATEMENT

00-05

4. Date Incorporated or Qualified To Do Business in Florida 12-2-76

5. FEI Number 421425239

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *Barbara A. Burke* **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY

Date: 3-21-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
See Attached Sheet			
			200050266442 04/11/05--01002--014 **1508.75

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Daniel C. Walden* Daniel C. Walden

Date: 3/18/05 Daytime Phone #: 201-269-5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)

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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors).			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/ZIP
P/D	Joann Audrey Reed	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
S/D	Margery Frances Nathanson	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
T/D	Gabriel Raymond Cappucci	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
VP/D	Daniel Christian Walden	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
*D	Sarina DosSantos	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	David Peter Arciszewski	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	Thomas Michael Moriarty	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603
D	Deborah Schwartz	100 Parsons Pond Drive	Franklin Lakes, NJ 07417-2603

*Associate Controller