


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90006 036 \*\*\*150.00

<b>DOCUMENT # 837450</b> 1. Entity Name <b>MEDCO CONTAINMENT LIFE INSURANCE COMPANY</b>	
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Principal Place of Business <b>5010 RITTER ROAD SUITE 115 MECHANICSBURG, PA 17055 US</b>	Mailing Address <b>100 PARSON POND DRIVE FRANKLIN LAKES, NJ 07417-2603</b>
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40124007



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07022007 Chg-P CR2E034 (12/06)

4. FEI Number <b>42-1425239</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REED, JOANN A	NAME	
STREET ADDRESS	100 PARSON POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074172603	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DELLO RUSSO, PAUL E	NAME	
STREET ADDRESS	100 PARSONS POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 07412	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CAPPUCCI, GABRIEL R	NAME	
STREET ADDRESS	100 PARSON POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074172603	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WALDEN, DANIEL C	NAME	
STREET ADDRESS	100 PARSON POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074172603	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	DOS SANTOS, SARINA	NAME	
STREET ADDRESS	100 PARSON POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074172603	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<del>CORLETTE</del> CORLETTE V	NAME	
STREET ADDRESS	100 PARSON POND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES, NJ 074172603	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Sarina Dos Santos* 7/3/07 201-269-5714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #