


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005338 (8)
 1. Corporation Name
CHS INSURANCE SERVICES, INC.



Principal Place of Business CORP FINANCE TAX DEPT 3435 STELZER RD COLUMBUS OH 43219 US	Mailing Address CORP FINANCE TAX DEPT 3435 STELZER RD COLUMBUS OH 43219 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	30 Zip

3. Date Incorporated or Qualified 10/14/1994	
4. FEI Number 76-0438471	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUM, LYNN J	1.2 NAME	FOR ADDITIONAL OFFICERS
STREET ADDRESS	150 CLOVE RD.	1.3 STREET ADDRESS	SEE ATTACHED LIST.
CITY-ST-ZIP	LITTLE FALLS NJ 07424	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, J DAVID	2.2 NAME	
STREET ADDRESS	3435 STELZER TD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43219	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELL, KEVIN J	3.2 NAME	
STREET ADDRESS	150 CLOVE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	3.4 CITY-ST-ZIP	
TITLE	EVPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLAN, ROBERT J	4.2 NAME	
STREET ADDRESS	150 CLOVE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	4.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, DENNIS	5.2 NAME	
STREET ADDRESS	150 CLOVE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE FALLS NJ 07424	5.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYBARCZYK, MARK	6.2 NAME	RYBARCZYK
STREET ADDRESS	11 GREENWAY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77048	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.

CR2E034 (10/97)

CHS Insurance Services, Inc.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
President	J David Huber	3435 Stelzer Rd. Columbus, Ohio 43219
Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Executive VP/ICFO/Treasurer	Robert J. McMullan	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Dennis Sheehan	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
Senior Vice President	George Martinez	3435 Stelzer Rd. Columbus, Ohio 43219
Vice President	Michael Burns	3435 Stelzer Rd. Columbus, Ohio 43219
Assistant Secretary	Annamaria Porcaro	150 Clove Rd., Little Falls, NJ 07424
Assistant Secretary	Robert Tuch	3435 Stelzer Rd. Columbus, Ohio 43219