


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90082 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005338

1. Corporation Name
CHS INSURANCE SERVICES, INC.



Principal Place of Business 3435 STELZER ROAD SUITE 1000 COLUMBUS OH 43219-8026 US	Mailing Address 3435 STELZER ROAD SUITE 1000 COLUMBUS OH 43219-8026 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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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 the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (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	
STREET ADDRESS	150 CLOVE RD.	1.3 STREET ADDRESS	
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 RD.	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 checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYBARCZYK, MARK	6.2 NAME	
STREET ADDRESS	11 GREENWAY PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77048	6.4 CITY-ST-ZIP	

Please see attached List.

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: *[Signature]* DATE: 2/8/99 DAYTIME PHONE # _____

CR2E034 (11/98)

240279-90082-6
#F940000 05338

CHS Insurance Services, Inc.

Corporate Officers & Directors

Position	Name	Business Address
Chairman/Director/CEO	Lynn J. Mangum	150 Clove Rd., Little Falls, NJ 07424
EVP/CFOTreasurer	Dennis Sheehan	150 Clove Rd., Little Falls, NJ 07424
Secretary	Kevin J. Dell	150 Clove Rd., Little Falls, NJ 07424
Senior Vice President	Mark Rybarczyk	11 Greenway Plaza, Houston, TX 77046
President	J. David Huber	3435 Stelzer Rd. Columbus, Ohio 43219
Senior Vice President	William J. Tomko	3436 Stelzer Rd. Columbus, Ohio 43219
Assistant Secretary	Robert Tuch	3435 Stelzer Rd. Columbus, Ohio 43219
Vice President	Michael Burns	3435 Stelzer Rd. Columbus, Ohio 43219
Compliance Officer	Mark Telfer	3436 Stelzer Rd. Columbus, Ohio 43219