

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5: 31

DOCUMENT # **P02236** (8)
1. Corporation Name
CONSERVCO SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3903 NORTHDAL BLVD. SUITE 200 TAMPA FL 33624 US**
Mailing Address: **1/ CORPORATE TAX, 5PB ONE TOWER SQUARE HARTFORD CT 06183-8190**

3. Date Incorporated or Qualified: **05/31/1984** 3a. Date of Last Report: **04/06/1994**
4. FEI Number: **06-1095987** Applied For: Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24, 25, 26, 27, 28, 29, 30
21. State, Apt. #, etc.:
22. City & State:
23. City & State:
24. Zip, Country: 25. Zip, Country:
26. State, Apt. #, etc.:
27. City & State:
28. City & State:
29. Zip, Country: 30. Zip, Country:

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number is Not Acceptable):
B3:
B4 City: **FL** B5 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: _____ DATE: _____
(Signature typed or printed name of registered agent and the date) (Signature typed or printed name of incorporator and the date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD	MICHENER, JAMES M. ONE TOWER SQUARE HARTFORD CT	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2. NAME:	
STREET ADDRESS:		3. STREET ADDRESS:	
CITY, ST, ZIP:		4. CITY, ST, ZIP:	
TITLE: V	SHAH, KAMLESH 3903 NORTHDAL BLVD TAMPA FL	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22. NAME:	
STREET ADDRESS:		23. STREET ADDRESS:	
CITY, ST, ZIP:		24. CITY, ST, ZIP:	
TITLE: PD	ROBERTSON, DWIGHT ONE TOWER SQUARE HARTFORD CT	31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32. NAME:	
STREET ADDRESS:		33. STREET ADDRESS:	
CITY, ST, ZIP:		34. CITY, ST, ZIP:	
TITLE: V	LOUK, DAVID K. 3903 NORTHDAL BLVD TAMPA FL	41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42. NAME:	
STREET ADDRESS:		43. STREET ADDRESS:	
CITY, ST, ZIP:		44. CITY, ST, ZIP:	
TITLE: V	GETTING, TERRY D. 3903 NORTHDAL BLVD. TAMPA FL	51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52. NAME:	
STREET ADDRESS:		53. STREET ADDRESS:	
CITY, ST, ZIP:		54. CITY, ST, ZIP:	
TITLE: AS	EDDY, PAUL ONE TOWER SQUARE HARTFORD CT	61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		62. NAME:	
STREET ADDRESS:		63. STREET ADDRESS:	
CITY, ST, ZIP:		64. CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *George A. Ryan* **George A. Ryan** Vice President
208-954-8138

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Conservco, Inc.
1995 Annual Report Information

Officers

Dwight Robertson
President
One Tower Square
Hartford, CT 06183

Kamlesh Shah
Vice President & CFO
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Tim Bobrowski
Vice President-Gen. Mgr.
One Tower Square
Hartford, CT 06183

Bruce Carlin
Vice President-Gen. Mgr.
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Lance Dudley
Vice President-Gen. Mgr.
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Dave Louk
Vice President-Gen. Mgr.
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Pat Soranno
Vice President-Human Resources
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Terry Oetting
Vice President-Gen. Mgr.
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Michael Steele
Vice President-Network/Mnged Care
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

Louis Patria, Jr.
Assistant Treasurer
One Tower Square
Hartford, CT 06183

James Vance
Vice President-Chief Med. Officer
Suite 200
3903 Northdale Blvd.
Tampa, FL 33624

William H. White
Assistant Treasurer
One Tower Square
Hartford, CT 06183

Patrick Kinney
2nd Vice President-Marketing & Sales
One Tower Square
Hartford, CT 06183

Paul H. Eddy
Assistant Secretary
One Tower Square
Hartford, CT 06183

George A. Ryan
2nd Vice President-Taxes
One Tower Square
Hartford, CT 06183

James M. Michener
Secretary
One Tower Square
Hartford, CT 06183

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Conservco, Inc.
1995 Annual Report Information

Directors

Dwight Robertson
One Tower Square
Hartford, CT 06183

Charles Clarke
One Tower Square
Hartford, CT 06183

Samuel Pilch
One Tower Square
Hartford, CT 06183

Al Wilke
One Tower Square
Hartford, CT 06183

Joseph Brophy
One Tower Square
Hartford, CT 06183

Robert Brooke
One Tower Square
Hartford, CT 06183

Ronald Wright
One Tower Square
Hartford, CT 06183

James Mulvihill
One Tower Square
Hartford, CT 06183

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CORPORATION
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FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 4:02

DOCUMENT # **P02694** (8)

1. Corporation Name

WITTENBERG, DELONY & DAVIDSON, INC.

Principal Place of Business

320 W CAPITOL STE 840
LITTLE ROCK AR 72201

Mailing Address

320 W CAPITOL STE 840
LITTLE ROCK AR 72201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/16/1984** 3a. Date of Last Report **04/27/1994**

4. FEI Number **77-0311512** Applied For Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt #, etc

22

City & State

23

Zip

Country

24

2b. Mailing Address

26

Suite, Apt #, etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BLUE, F. LLOYD JR.
207 FLORIDA PLACE, SE
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 if a Minor or guardian

(If 21). Corporate Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ADAMS, THOMAS R.
STREET ADDRESS	2401 N. FILLMORE
CITY- ST- ZIP	LITTLE ROCK AR
TITLE	STD
NAME	SEE, JACK F. JR.
STREET ADDRESS	10 BUGLE COURT
CITY- ST- ZIP	LITTLE ROCK AR
TITLE	EVD
NAME	SLOAN, JOHN C.
STREET ADDRESS	4014 S. LOOKOUT
CITY- ST- ZIP	LITTLE ROCK AR
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(6)(b), 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.

SIGNATURE: *Thomas R. Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Thomas R. Adams, Pres. (501) 376-6681

Date **March 3, 1995**