

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 837450 (6)
1. Corporation Name
MEDCO CONTAINMENT LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
ATTN: LAW DEPARTMENT
4333 EDGEWOOD ROAD, N.E.
CEDAR RAPIDS IA 52402-6601
ATTN: DANIEL W. WALDEN, VICE PRESIDENT
100 SUMMIT AVENUE
MONTVALE NJ 07645

3. Date Incorporated or Qualified **12/02/1976** 3a. Date of Last Report **05/01/1995**
4. FEI Number **42-1425239** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **5073 Ritter Road** 27
City & State City & State
23 **Mechanicsburg, PA** 28
Zip Country Zip Country
24 **17055** 25 **USA** 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304
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

Signature typed or printed name of registered agent and to be if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDEN, DANIEL C	12 NAME	Walden, Daniel C.
STREET ADDRESS	100 SUMMIT AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	14 CITY - ST - ZIP	
TITLE	DP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFBERG, PER G	22 NAME	
STREET ADDRESS	100 SUMMIT AVE	23 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	24 CITY - ST - ZIP	
TITLE	DVT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, LEO JR M	32 NAME	
STREET ADDRESS	100 SUMMIT AVE	33 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	34 CITY - ST - ZIP	
TITLE	DSV	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, CARL	42 NAME	
STREET ADDRESS	100 SUMMIT AVE	43 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	44 CITY - ST - ZIP	
TITLE	DV	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISANI, BARBARA A	52 NAME	Schisani-Ranta, Barbara A.
STREET ADDRESS	100 SUMMIT AVE	53 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	54 CITY - ST - ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROGER	62 NAME	
STREET ADDRESS	100 SUMMIT AVE	63 STREET ADDRESS	
CITY - ST - ZIP	MONTVALE NJ	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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leo M. Walsh, Jr., VP & Treas.

6/10/96

(201) 358-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Digitized by: [illegible]

CR2E034 (3/96)

837450

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Additional Directors and Officers

JoAnn Reed
Director

Sarina Dos Santos
Associate Controller

Jane Hulse
Vice President - Controller

Robert McGovern
Vice President - Tax

Thomas E. Entrup
Assistant Treasurer

All of the above are located at:

100 Summit Avenue
Montvale, NJ 07645