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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
5073 RITTER ROAD
MECHANICSBURG PA 17055
US

Mailing Address
ATTN: DANIEL W. WALDEN, VICE PRESIDENT
100 SUMMIT AVENUE
MONTVALE NJ 07845-1712

3. Date Incorporated or Qualified
12/02/1976

3a. Date of Last Report
06/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVAS
NAME WALDEN, DANIEL C
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

TITLE DP
NAME LOFBERG, PER G.
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

TITLE DVT
NAME WALSH, LEO JR M
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

TITLE DSV
NAME KANTER, CARL
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

TITLE DV
NAME SCHISANI RANTA, BARBARA
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

TITLE D
NAME JONES, ROGER
STREET ADDRESS 100 SUMMIT AVE
CITY- ST- ZIP MONTVALE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leo M. Walsh, Jr., VP & Treas. 1/20/97

(201) 358-5850

Date

Daytime Phone #

0002996

CR2E034 (9/96)