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Mar 03 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 # **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 07645
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1976	
21		26		4. FEI Number 42-1425239	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip		Zip			
24		29			
Country		Country			
25		30			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVAS <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALDEN, DANIEL C	1.2 NAME	Reed, JoAnn
STREET ADDRESS	100 SUMMIT AVE	1.3 STREET ADDRESS	100 Summit Avenue
CITY-ST-ZIP	MONTVALE NJ	1.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOFBERG, PER G	2.2 NAME	
STREET ADDRESS	100 SUMMIT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, LEO JR M	3.2 NAME	
STREET ADDRESS	100 SUMMIT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	3.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTER, CARL	4.2 NAME	
STREET ADDRESS	100 SUMMIT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	4.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHISANI RANTA, BARBARA	5.2 NAME	
STREET ADDRESS	100 SUMMIT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROGER	6.2 NAME	
STREET ADDRESS	100 SUMMIT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MONTVALE NJ	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.

SIGNATURE

[Signature]

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

3/13/98 (201) 250-5555

CR2E034 (10/97)