2006 FOR PROFIT CORPORATION ANNUAL REPORT								FILED May 02, 2006 8:00 am Secretary of State					
DOCUMENT # 837450 1. Entity Name MEDCO CONTAINMENT LIFE INSURANCE COMPANY									05-02-2006				
Principal Plac 5010 RITTER SUITE 115 MECHANICSB	R ROAD			<sup>Aaiting</sup> Address 100 PARSON POND DRIVE FRANKLIN LAKES, NJ 07417-2603			•		) U U U				
2. Principal P Suite, Apt.		ness	3. Mailing Address Suite, Apt. #, etc.	-									
City & State			City & State	City & State				006 lumber	Chg-P	CR2E	034 (11/05)	plied For	
Zip		Country	Źip	Žip Coun							\$8.75 Add		
6. Name and Address of Current F			Registered Agent	ent l			7. Name	and A	ddress of New I	Registered	Fee Required	d 	
						·				·			
P O BOX 6 200 E. GA	5200 (323 INES ST	14-6200)		Street A	ddress (I	P.O. Box N	lumber	is Not Acceptabl	e)				
TALLAHASSEE, FL 32399-0000										F	Zip Code	e	
	named entit		the purpose of changing it	s register	ed office or	r register	ed agent, e	or both,	in the State of FI	orida. I ar	n familiar with,	and accept	
SIGNATURE													
FILE NOWIII FEE IS \$150.009. Election Campaign FinancingAfter May 1, 2006 Fee will be \$550.00Trust Fund Contribution.							00 May E ed to Fees						
10.		OFFICERS AND		11.			ADDITI	ONS/C	HANGES TO OF	FICERS AN	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DANN A SON POND DRIVE N LAKES, NJ 0741726(	Delete								🔲 Change	Addition 🗌	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 PARS	SON, MARGERY F SON POND DRIVE N LAKES, NJ 07417260	X Delete			5D De 100 Fra	10R Dal	uss Ison	io, Aunos Ponci kes, N	E	Change	X Addition	
TITLE Name Street address City-St-Zip	100 PAR	CI, GABRIEL R SON POND DRIVE N LAKES, NJ 07417260	Delete					•		<u></u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 PAR	, DANIEL C SON POND DRIVE N LAKES, NJ 07417260	Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 PAR	ITOS, SARINA SON POND DRIVE N LAKES, NJ 07417260	Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 PAR	WSKI, DAVID P SON POND DRIVE N LAKES, NJ 07417260	X Delete			A Fr		Co	rlette	e V	Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:													