

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837450

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: MEDCO CONTAINMENT LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

5010 RITTER ROAD  
SUITE 115  
MECHANICSBURG, PA 17055 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 PARSON POND DRIVE  
FRANKLIN LAKES, NJ 074172603

**New Mailing Address:**

FEI Number: 42-1425239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REED, JOANN A  
Address: 100 PARSON POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 074172603 US

Title: SD ( ) Delete  
Name: DELLO RUSSO, PAUL E  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07412

Title: TD ( ) Delete  
Name: CAPPUCCI, GABRIEL R  
Address: 100 PARSON POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 074172603

Title: VPD ( ) Delete  
Name: WALDEN, DANIEL C  
Address: 100 PARSON POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 074172603

Title: D ( ) Delete  
Name: DOS SANTOS, SARINA  
Address: 100 PARSON POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 074172603

Title: D ( ) Delete  
Name: CORLETTE, TRIM  
Address: 100 PARSON POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 074172603

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

07/09/2008

Electronic Signature of Signing Officer or Director

Date