

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F96000000003 (1)

1. Corporation Name

MEMBER PROTECTION PLANS, INC.



Principal Place of Business

120 HARTFORD TURNPIKE SOUTH
PO BOX 827
WALLINGFORD CT 06492

Mailing Address

120 HARTFORD TURNPIKE SOUTH
PO BOX 827
WALLINGFORD CT 06492

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

12/29/1995

3a. Date of Last Report

4. FEI Number

06-0978039

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

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 607.1503, 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 of the person, firm, or corporation designated as the registered agent.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

P
NAME ABELY, CHRISTOPHER
STREET ADDRESS 11 WELLSWEEP DRIVE
CITY, ST, ZIP MADISON CT 06443

2. TITLE ☐ DELETE

VC
NAME ABELY, RICHARD
STREET ADDRESS 23 HALLMARK HILL
CITY, ST, ZIP WALLINGFORD CT 06492

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

7. TITLE ☐ Change ☐ Addition

7. NAME

8. STREET ADDRESS

9. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER ABELY 2/14/96

Date

Signature Printed

CR2E034 (12/95)