

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90083 002 ***150.00

DOCUMENT # F96000002865

1. Corporation Name

FIRST HEALTH INSURANCE SERVICES, INC.

Principal Place of Business
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515-1223

Mailing Address
3200 HIGHLAND AVENUE
DOWNERS GROVE IL 60515-1223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

4. FEI Number

36-3968863

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26 3200 Highland Avenue

Suite, Apt. #, etc.

27 Attn: Legal Dept.

City & State

28 Downers Grove, IL

Zip

29 60515

Country

30

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 VSD ☒ DELETE
NAME KURCZ, LOTTIE A
STREET ADDRESS 1040 LAKESHORE DRIVE, #27A
CITY-ST-ZIP CHICAGO IL 60611

TITLE P ☒ DELETE
NAME WRISTEN, EDWARD L
STREET ADDRESS 1137 PEREGRINE COURT
CITY-ST-ZIP PALATINE IL

TITLE TD ☒ DELETE
NAME WHITTERS, JOSEPH E
STREET ADDRESS 460 HILL AVENUE
CITY-ST-ZIP GLEN ELLYN IL 60137

TITLE D ☒ DELETE
NAME SMITH, JAMES C
STREET ADDRESS 11415 PLAINFIELD ROAD
CITY-ST-ZIP INDIAN HEAD PARK IL 60525

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V/S/D ☒ Change ☐ Addition
1.2 NAME Kurcz, Lottie A.
1.3 STREET ADDRESS 3200 Highland Avenue
1.4 CITY-ST-ZIP Downers Grove, IL 60515

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME Wristen, Edward L.
2.3 STREET ADDRESS 3200 Highland Avenue
2.4 CITY-ST-ZIP Downers Grove, IL 60515

3.1 TITLE T/D ☒ Change ☐ Addition
3.2 NAME Whitters, Joseph E.
3.3 STREET ADDRESS 3200 Highland Avenue
3.4 CITY-ST-ZIP Downers Grove, IL 60515

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Smith, James C.
4.3 STREET ADDRESS 3200 Highland Avenue
4.4 CITY-ST-ZIP Downers Grove, IL 60515

5.1 TITLE AS ☐ Change ☒ Addition
5.2 NAME Smith, Susan T.
5.3 STREET ADDRESS 3200 Highland Avenue
5.4 CITY-ST-ZIP Downers Grove, IL 60515

6.1 TITLE AS ☐ Change ☒ Addition
6.2 NAME Mosby, Mark A.
6.3 STREET ADDRESS 3200 Highland Avenue
6.4 CITY-ST-ZIP Downers Grove, IL 60515

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, with all other like empowered.

SIGNATURE:

Susan T. Smith 1/29/99 (630) 241-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

240325-90083-2
F96000002865

FIRST HEALTH INSURANCE SERVICES, INC.
F96000002865

<u>Additional Corporate Officer</u>	<u>Business Address</u>
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Patrick G. Dills Vice President	
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3200 Highland Avenue Downers Grove, IL 60515	
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