

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005086**
1. Corporation Name
MEDISERVE INSURANCE SERVICES

Principal Place of Business
**1209 ORANGE STREET
WILMINGTON, DELAWARE
19801**

Mailing Address
**P.O. BOX 2216
SCHENECTADY, NY 12301**

3. Date Incorporated or Qualified
10/02/96

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 39-1862328	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FLORIDA 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SEE ATTACHED LIST
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

RW
5-6-97

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*****165.00**

14. I do 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: *Mark E. Buchanan* **MARK E. BUCHANAN** V.P. & ASSISTANT TREASURER 4/29/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
(518) 433 - 4308

CR2E034 (9/96)

100071

Medeserve Insurance Services, Inc.
39-1862328

For Year: 1996 Report Month: 12

4/1/97

Name	Title	Business Address
Thomas A. Durham	Chairman of the Board	3000 N. Grandview Blvd. Waukesha WI 53188
A. Ray Dalton	Director	4925 Galaxy Pkwy. Cleveland OH 44128
Thomas A. Durham	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Gary F. Foster	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Stephen T. Kalkat	Director	101 Westpark Drive, Suite 280 Brentwood TN 37027
Robert H. Klein, Jr.	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Thomas L. Paquin	Director	9880 S. Ridgeway Drive Oak Creek WI 53154
Thomas A. Durham	Chief Executive Officer	3000 N. Grandview Blvd. Waukesha WI 53188
Thomas L. Paquin	Executive Vice President	9880 S. Ridgeway Drive Oak Creek WI 53154
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Frank Vanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211
Robert H. Klein, Jr.	Secretary	3000 N. Grandview Blvd. Waukesha WI 53188
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Frank Vanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211