

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

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

05-17-1999 90027 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # *F 96000005086*

1. Corporation Name

MEDISERVE INSURANCE SERVICES

Principal Place of Business 1209 ORANGE STREET WILMINGTON, DE 19801	Mailing Address PO BOX 2216 SCHENECTADY, NY 12301-2216
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/96	
21		26		4. FEI Number 39-1862328	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24		29			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	VPAT ☐ Change ☒ Addition
NAME		1.2 NAME	BARBARA A. MELITA
STREET ADDRESS		1.3 STREET ADDRESS	12 CORPORATE WOODS BLVD.
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ALBANY, NY 12211
TITLE	☐ DELETE	2.1 TITLE	VPAT ☐ Change ☒ Addition
NAME		2.2 NAME	MARK E. BUCHANAN
STREET ADDRESS		2.3 STREET ADDRESS	12 CORPORATE WOODS BLVD
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ALBANY, NY 12211
TITLE	☐ DELETE	3.1 TITLE	VPD ☐ Change ☒ Addition
NAME		3.2 NAME	THOMAS L. PAQUIN
STREET ADDRESS		3.3 STREET ADDRESS	9880 S. RIDGEVIEW DRIVE
CITY - ST - ZIP		3.4 CITY - ST - ZIP	OAK CREEK, WI 53154
TITLE	☐ DELETE	4.1 TITLE	DCCEO ☐ Change ☒ Addition
NAME		4.2 NAME	THOMAS A. DUNHAM
STREET ADDRESS		4.3 STREET ADDRESS	3000 N. GRANDVIEW BLVD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	WAUKESHA, WI 53188
TITLE	☐ DELETE	5.1 TITLE	SD ☐ Change ☒ Addition
NAME		5.2 NAME	ROBERT H. KLEIN
STREET ADDRESS		5.3 STREET ADDRESS	3000 N. GRANDVIEW BLVD.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	WAUKESHA, WI 53188
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	GARY F. FOSTER
STREET ADDRESS		6.3 STREET ADDRESS	3000 N. GRANDVIEW BLVD.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	WAUKESHA, WI 53188

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: *Barbara A. Melita* BARBARA A. MELITA 4/21/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT & ASSISTANT TREASURER

For Year: 1998

11/5/98

100071

Mediserve Insurance Services, Inc.

Federal Id # 39-1862328

Name	Title	Business Address
A. Ray Dalton	Director	4925 Galaxy Pkwy. Cleveland OH 44128
Thomas A. Dunham	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Thomas A. Dunham	Chairman of the Board	3000 N. Grandview Blvd. Waukesha WI 53188
Gary F. Foster	Director	3000 N. Grandview Blvd. Waukesha WI 53188
Stephan T. Kellett	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
Mark E. Buchanan	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Mark E. Buchanan	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Thomas A. Dunham	Chief Executive Officer	3000 N. Grandview Blvd. Waukesha WI 53188
Robert H. Klein, Jr.	Secretary	3000 N. Grandview Blvd. Waukesha WI 53188
Barbara A. Melita	Assistant Treasurer	12 Corporate Woods Boulevard Albany NY 12211 US
Barbara A. Melita	Vice President	12 Corporate Woods Boulevard Albany NY 12211 US
Thomas L. Paquin	Executive Vice President	9880 S. Ridgeway Drive Oak Creek WI 53154
Frank Yanover	Assistant Treasurer	12 Corporate Woods Blvd. Albany NY 12211
Frank Yanover	Vice President	12 Corporate Woods Blvd. Albany NY 12211

553472-9.0027-39
F96000005086