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'PROFIT CORPORATION ANNUAL REPORT

1996



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

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C.	and Health Insurance	COMPANY OF AMERI	ICA, IN				
Principa: Place	e of Business	Mailing Address			91 IUN VIEN VIVI 1111 1 1111 1 111	DEL GEORGE DE DE LE LEGIS	
2200 WALNUT ST. Philadlphia pa 19103		2200 WALNUT ST. PHILADLPHIA PA 191	03				
U\$		US		3. Date Incorporated or Qualified 06/28/1984	3a. Date of Last f 04/21/19	· ·	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FET Number		Applied For	
21		26		23-0757800		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		5 Additional Required	
City & State	ρ	Orty & State		6. Election Campaign Financing		00 May Be	
23	•	28		Trust Fund Contribution		led to Fees	
Zip	Country	Zıp	Country	8. This corporation has liability for			
24	25	29	30		5 No		
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New F	Registered Agent		
			81 Name				
LAWLER, JOSEPH T.			B2 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
	DE TRAIL		63				
JUPITE	R FL 33458		03				
			84 City	A STATE OF THE STA	E1 85 2	Zip Code	
11 Durguant	to the provisions of Soutions 607.06	02 and 607 1509. Floreda Statu	itee the above panied corr	poration submits this statement for the pu	ruges of changing its	registered office	
familiar w SIGNATURE	ith, and accept the obligations of, Se	ection 607.0505, Fiorida Statute	s	oard of directors. I hereby accept the app		· ·	
	Signature, typed or posted has elab registered ag		IOTE Registered Agest signature req		DATE	· · ·	
	OFFICERS A	AND DIRECTORS	13.	ared when remotating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT		
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I do horeby certify that the information supplied with this fring is voluntarily furnished and does not quarry 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 eath; that I am an officer or director of the corporation or the receiver or frustee 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:

HOURS LOUGLE .

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

215-567-1246 Daylor: Pt. no. 4