

AmeriHealth Insurance Co. Of N.J.
8000 Midlantic Drive
Suite 333
Mt.Laurel, New Jersey 08054

Re: Company Mailing Address

To AmeriHealth Underwriting:

This letter will acknowledge that our company has been made aware that AmeriHealth's Administrative Policy requires all enrolling groups to provide a full street address -- specifying Street Address, City, State and Zip Code rather than a Post Office Box Number.

Please note that our company is currently unable to comply with this request and request that AmeriHealth accept our existing Post Office Box as our official address of record.

It is understood that AmeriHealth may direct mailings, some of which require an authorized signature upon receipt, to our P.O. Box. Our company acknowledges that these mailings may often contain important information concerning Benefits, Rates, Billing as well as other types of contractual and time sensitive information. We are willing to accept the responsibility for any consequences that may result (example- coverage cancellation for failure to return the Annual Small Employer Certification).

Should our formal company address change and a full street address become available, we will immediately provide that address to AmeriHealth.

Signature:
Title:
Company Name:
Address Line
Address Line
Date: