FERNANDO D. CORTES
P.O. BOX 143955
CORAL GABLES, FL 33114-3955

T95000000247

October 14th, 199

Trademark Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Ultra-Medical Plus Plan
(Registration)

000001 304540
-10/18/94--01070--009
*****87.50 *****87.50

Gentlemen:

Enclosed please find duly completed, signed and notarized application for registration of the product name "Ultra-Medical Plus Plan".

Our check is also enclosed to process the application.

Thank you for your prompt and kind attention to this matter.

FILED
94 OCT 18 PM 12:

Sincerely,

T95-247

W94-22883

Fernando D. Cortes Sr.

FDC/lp
Enclosures

789/304/754/740/762/621

Medical/Plan

Please be more specific as to the services you are rendering. You must be rendering the services now at this time to the public in order to reg.

Name Availability	NA
Document Examiner	NJC
Updater	NJC
Updater Verifyer	NJC
Acknowledgement	NJC
W. P. Verifyer	NJC

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 21, 1994

Fernando D. Cortes, Sr
P.O. Box 143955
Coral Gables, FL 33114-3955

SUBJECT: ULTRA-MEDICAL PLUS PLAN
Ref. Number: W94000022883

We have received your document for ULTRA-MEDICAL PLUS PLAN and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please be more specific as to the services your rendering. You must be rendering services to the public at this time in order to be registered.

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed.

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6918.

Nanette Causseaux
Corporate Specialist Supervisor

Letter Number: 294A00046575

THE ROYAL COMPANY FOR LIFE AND HEALTH INSURANCE COMPANY
147 Alhambra Circle, Suite 212
Coral Gables, Florida 33134

February 9, 1995

Trademark Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Attn: Ms. Nanette Causseaux
Corp. Specialist Supervisor
Ref. Number: W94000022883
ULTRA-MEDICAL PLUS PLA
(Registration)

Dear Ms. Causseaux:

Enclosed please find a sample of Brochure, Rate Table, and Application for Insurance used in connection with the product "ULTRA-MEDICAL PLUS PLAN" as per your request of October 21, 1994. Fernando D. Cortes Sr. requested originally the registration because the corporation THE ROYAL COMPANY FOR LIFE AND HEALTH INSURANCE, INC. was in the process of being incorporated, enclosed a copy of the letter of incorporation received from the Florida Department State with the assigned number P94000074362 for your records.

Thank you for your kind attention to the registration of "ULTRA-MEDICAL PLUS PLAN".

Sincerely,
THE ROYAL COMPANY FOR LIFE AND HEALTH INSURANCE, INC.

Fernando D. Cortes Sr.
President & CEO

FDC/lp

Florida Department of State, Jim Smith, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name and address to whom acknowledgement should be sent:

FERNANDO D. CORTES SR.
147 ALHAMBRA CIRCLE, SUITE # 210
Coral Gables, Fl. 33134
(305) 266-6500
Applicant's phone number

PART I

1. (a) Applicant's name: THE ROYAL COMPANY FOR LIFE & HEALTH INSURANCE, Inc.
(b) Applicant's business address: 147 Alhambra Circle, Suite # 212
Coral Gables, Fl. 33134

( ) individual (X) corporation of the State of Florida P94-74362
( ) general partnership ( ) limited partnership of the State of

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:

SALES AND MARKETING OF A SPECIFIC INTERNATIONAL MAJOR MEDICAL PRODUCT: ULTRA MEDICAL PLUS PLAN.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:

N/A

(c) The mode or manner in which the mark is used:

BROCHURES, RATE TABLES, APPLICATIONS FOR INSURANCE.

(d) The class(es) in which goods or services fall:

CLASS 36 (INSURANCE & FINANCIAL)

PART II

1. Date first used by the applicant, predecessor, or a related company(must include month and year):

(a) Date first used anywhere: December 28th, 1994

(b) Date first used in Florida: December 28th, 1994

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

"ULTRA MEDICAL PLUS PLAN" MEDICAL TYPE OF SERVICES OF GENERAL NATURE: STETOSCOPE, OPERATING ROOM, WORLD AND AIR AMBULANCE. ALL THE ABOVE IS COMPRISED IN A LOGO PRINTED IN THE BROCHURES, RATE TABLES AND APPLICATION FOR INSURANCE, ALL ENCLOSED.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM

" MEDICAL, PLAN, CANADA, ESTADOS UNIDOS " APART FROM THE MARK AS SHOWN.

I, FERNANDO D. CORTES SR. *, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.*

THE ROYAL COMPANY FOR LIFE AND HEALTH INSURANCE, INC.
FERNANDO D. CORTES SR., President & CEO
Typed or printed name of applicant

Applicant's signature or authorized person's signature
(List name and title)

Subscribed and sworn to before me this 10TH day of Feb, 19 95.

(Notary Seal)

Signature of Notary Public

My Commission Expires:

NOTARY PUBLIC, STATE OF FLORIDA
HERMAN L. MORA
COMMISSION NO. 1048491
MY COMMISSION EXPIRES
JUNE 30, 1998

FILED
95 FEB 14 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEE: $87.50 per class

CR2E014(5/92)

PROCEDIMIENTO DE REEMBOLSO

Ultra Medical Plus Plan cuenta con la red más extensa de hospitales afiliados al Plan en los Estados Unidos de América, Centro y Sur América. En la mayoria de los casos los hospitales y clínicas afiliados facturarán directamente a la compañia. En el caso de que la institución médica no se encuentre afiliada al Plan, el asegurado deberá pagar la factura y someterla con la solicitud de reclamos para su reembolso (una lista parcial de instituciones médicas afiliadas está a su disposición).

CONTINUACION DE BENEFICIOS

En caso de que el asegurado principal fallezca antes de los 65 años, este beneficio continuará asegurando a la esposa e hijos dos años consecutivos, sin costo.

BENEFICIO POR MUERTE ACCIDENTAL

Después de los 65 años, si el asegurado principal fallece accidentalmente, el beneficio por muerte accidental y desmembramiento aplica $10,000 máximo (asegurado principal).

Para mayor información favor de ponerse en contacto con su agente.

Esto no es un contrato, favor referirse a la póliza para información detallada.

The Royal Company For Life and Health Insurance, Inc. es una entidad experimentada, profesional, de prestigio y especializada en programas internacionales de seguros médicos totales y suplementarios.
The Royal Company cuenta con ejecutivos, representantes comerciales, administradores de riesgos encargados de tramitar reclamaciones (Managed Care) y profesionales de la medicina que trabajan a tiempo completo y se dedican a satisfacer las necesidades de los asegurados en materia de asistencia internacional.
La meta de Royal es servir con productos innovadores el creciente mercado internacional.

COMPAÑIAS DE REASEGUROS QUE REASEGURAN ESTOS PLANES

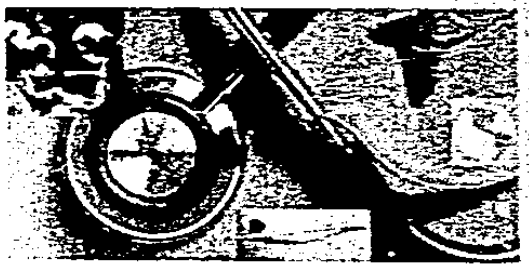
CIGNA RE

NORTH AMERICAN FIDELITY AND GUARANTEE

UNITED SECURITY LIFE INSURANCE COMPANY

Estas compañías operan desde Londres, Bélgica y Estados Unidos, y su profesionalismo y solidez, unidos a su experiencia internacional, los hace socios ideales para nuestro Plan "Ultra Medical Plus Plan".

ULTRA MEDICAL



PLUS PLAN

Programa Internacional de Asistencia Médica y Hospitalaria con Cobertura Mundial

Distribuido Exclusivamente Por:
The Royal Company For Life and Health Insurance, Inc.
147 Alhambra Circle, Suite 212, Coral Gables, FL 33134

COBERTURA MUNDIAL

Usted estará cubierto en cualquier parte del mundo incluyendo su pais de residencia.

ELEGIBILIDAD

- Toda persona no residente de los Estados Unidos o Canadá y sus dependientes, que no excedan la edad de 74 años.
- Niños menores de 10 años (máximo dos (2)) estarán cubiertos gratis en este plan.

DEDUCIBLES

Usted y su familia podrán elegir entre los siguientes deducibles anuales.

$250	$500	$1000	$2000	$5000

- El deducible se aplicará por año de la póliza (una vez)

CONDICIONES MEDICAS PRE-EXISTENTES

Estarán cubiertas después del tercer (3) año de vigencia de la póliza ininterrumpidamente.

PERIODO DE ESPERA

El periodo de espera para cualquier enfermedad será de 90 días (tres meses) a partir de la fecha efectiva de la póliza, pero desde el primer día por accidente

- **NO HABRA periodo de espera** (ni un solo dia) si el asegurado estaba hasta el momento de tomar esta poliza asegurado por otra compañia internacional reconocida.

COBERTURA

La cobertura máxima es US $500,000 en total por asegurado y por año de la póliza.

HOSPITALIZACION

Los reembolsos o pagos directos por ingresos hospitalarios seran de un 100% después del deducible pero sin exceder los siguientes limites:

100% en el pais de origen después del deducible. Si el tratamiento es recibido en Estados Unidos de America, Canada o Europa, el deducible será aplicado, y despues se reembolsará siguiendo la fórmula de 80/20 de los primeros US $5,000 y 100% del balance.

Habitación Privada o Semi-privada hasta (por un máximo de 180 días consecutivos)	US$ 420
Cuidado Intensivo (por un máximo de 60 días consecutivos)	US$ 840
Cirugía	100%
Tratamientos Médicos, Pruebas de Laboratorio, Rayos X	100%
Medicinas en el Hospital	100%
Quimioterapia y Radiación	100%
Costo de Anestesia 20% de los Beneficios de Cirugía	
Transplante de Organos (máximo)	US$ 250,000
Transporte Terrestre a Hospitales y Clínicas	US$ 500
Tratamiento en Sala de Emergencia por Accidentes	100%
Restauración Dental Debido a Accidente	100%
Cirugía Ambulatoria en Clínica u Hospital	100%
Cuidado Diario en la casa o lugar adecuado a través de enfermera registrada después de una hospitalización (máximo 30 días al año)	US$ 200

MATERNIDAD

Alumbramiento normal (parto), incluyendo consultas pre-natales, nacimiento y cuidado post-natal	US$4000
Cesárea será cubierta como una operación ordinaria si es médicamente necesaria	
Cesárea electiva será reembolsada como alumbramiento normal	

EVACUACION AEREA

La evacuación aerea en caso de emergencia, para transportar a la persona asegurada al centro médico más cercano donde exista la atención apropiada, será coordinada por:

S.O.S. INTERNATIONAL

Favor referirse a su tarjeta de identificación para información.

TRATAMIENTO FUERA DEL HOSPITAL

Los gastos fuera del hospital con respecto a consultas médicas, quiroprácticas y fisioterapia que han sido ordenadas por un médico certificado serán sujetos a los límites máximos siguientes por consultas:

Consulta Médica	US $50
Consulta del Especialista	US $65
Fisioterapia por Consulta	US $30
Rayos X	US $300
Scans	US $650
Exámenes Endoscópicos	US $650
Laboratorios	US $250

COBERTURAS OPCIONALES

- Póliza de Accidente y Desmembramiento (en adición a la póliza médica)
- Póliza de Cáncer (Puede venderse independiente)

MODO DE PAGO DE LA PRIMA

- Solamente se aceptarán cheques de los Estados Unidos de América
- Transferencias bancarias
- Tarjetas de crédito (Visa, MasterCard, American Express, Diners Club)

Si paga semestral, multiplicar prima anual por el factor .55

The Royal Company For Life And Health Insurance, Inc.

T95000000247

March 22, 1995

Trademark Registration Section
Divison of Corporationn
Department of State
P.O. Box 6327
Tallahassee, Fl 32314

Att. Ms. Nanette Causseaux
Corp. Specilist Supervisor

Re: Document #T95000000247
Ultra Medical PLus Plan

Dear Ms. Causseaux:

Complying with the change of address regulations and instructions, this letter will serve to confirm that the new address of the Royal Company for Life & Health Insurance, Inc. owner of the above reference document number and trade mark name has changed to:

The Royal Company for Life & Health Insurance, Inc.
2121 Southwest Third Avenue, Suite 604
Miami, Florida 33129

Thank you for processing che change and acknowledging the same.

Sincerely,

Fernando D. Cortes, Sr.
President & CEO

FDC/nvf.

2121 Southwest Third Avenue, Suite 604 • Miami, Florida 33129
Telephone: (305) 285-5533 • Fax: (305) 285-0200