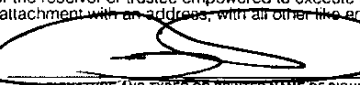


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 430472 1. Entity Name AMEDEX INSURANCE COMPANY						FILED 06 DEC 20 PM 4:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7001 S W 97TH AVENUE MIAMI, FL 33173 US				Mailing Address 7001 S W 97TH AVENUE MIAMI, FL 33173 US			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MALTBY, ALFRED D P 7001 S W 97TH AVENUE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 59-1485499			
5. Certificate of Status Desired ☐				Applied For Not Applicable			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required			
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable				DATE			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. ☐			
Amended AR is \$61.25				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D NAME HOLDEN, DEAN A D STREET ADDRESS 15 - 19 BLOOMSBURY WAY CITY-ST-ZIP LONDON, XX WC1A 2BA				TITLE D NAME Capote, David STREET ADDRESS 7001 SW 97th Avenue CITY-ST-ZIP Miami, FL 33173			
TITLE D NAME DAVIES, JULIAN P D STREET ADDRESS 15 - 19 BLOOMSBURY WAY CITY-ST-ZIP LONDON, XX WC1A 2BA				TITLE P NAME Maltby, Alfred D. STREET ADDRESS 7001 SW 97th Avenue CITY-ST-ZIP Miami, FL 33173			
TITLE D NAME RODERMAN, CHARLENE D STREET ADDRESS 13 MAYFORD ROAD, FLAT #2 CITY-ST-ZIP LONDON, XX SW12 8RZ				TITLE S NAME Swain, Corinna J. STREET ADDRESS 7001 SW 97th Avenue CITY-ST-ZIP Miami, FL 33173			
TITLE D NAME LOPEZ-PREUSSE, FRANCISCO D STREET ADDRESS 7001 S W 97TH AVENUE CITY-ST-ZIP MIAMI, FL 33173				TITLE T NAME Headley, John C. STREET ADDRESS Russell House, Russell Mews CITY-ST-ZIP Brighton, UK BN1 2HZ			
TITLE D NAME ZIPPER, EMMA D STREET ADDRESS 2 BRAMERTON ROAD, CAULFIELD CITY-ST-ZIP MELBOURNE, VICTORIA, XX 33162				TITLE \$12/20 NAME STREET ADDRESS CITY-ST-ZIP 			
TITLE D NAME NARCIANDI, ELIZABET D STREET ADDRESS 7001 S W 97TH AVENUE CITY-ST-ZIP MIAMI, FL 33173				TITLE NAME STREET ADDRESS CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date: 12-19-06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			