

FILE NOW: FILING FEE AFTER MAY 1 IS \$275.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 815451 (0)

1. Corporation Name
MAMSI LIFE AND HEALTH INSURANCE COMPANY



Principal Place of Business: 4 TAFT COURT ROCKVILLE MD 20850
Mailing Address: 4 TAFT COURT ROCKVILLE MD 20850

3. Date Incorporated or Qualified: 07/22/1961
3a. Date of Last Report: 02/17/1995
4. FEI Number: 52-1803283
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL BUILDING,
TALLAHASSEE FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____
Signature: Typed or printed name of registered agent and the filer (if applicable). (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: CCD NAME: JOCHUM, GEORGE T. STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
TITLE: D NAME: FLAHERTY JR., PETER L. STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
TITLE: P NAME: BARBERA, THOMAS P. STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
TITLE: SD NAME: GUARRIELLO, JOSEPH L. STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
TITLE: VT NAME: FOSS, ROBERT STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
TITLE: V NAME: HAMMETT, DONALD STREET ADDRESS: 4 TAFT COURT CITY-STATE-ZIP: ROCKVILLE MD 20850	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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.

SIGNATURE: *Thomas P. Barbera* 2-21-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Thomas P. Barbera, President

CR2E034 (12/95)