

F02000000898

Phyllis Runaway (CALL ME WHEN READY)
Requester's Name

AKERMAN, SENTERFITT & ELDSON

Address
301 S. Bronough Street, Suite 200
Tallahassee, FL 32301 222-3471

City/State/Zip

Phone #

(Ext. 8204)

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☒ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy

☒ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☒ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

400004957284--1

-02/20/02--01002--002

*****78.75 *****78.75

Examiner's Initials

of Copenhagen, Denmark.

TRANSMITTAL LETTER

FILED
02 FEB 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Registration Section
Division of Corporations

SUBJECT: International Health Insurance danmark a/s
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Bruce Culpepper, Sr.

(Name of Person)

Akerman Senterfitt, Attorneys at Law
(Firm/Company)

301 South Bronough Street, Suite 200
(Address)

Tallahassee, Florida, 32301-1722

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Bruce Culpepper, Sr. at (150) 223471

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

02 FEB 19 1979
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. International Health Insurance danmark a/s
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Denmark
(State or country under the law of which it is incorporated)
3. n/a
(FEI number, if applicable)
4. 1 October 1979
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 8, Palaegade, DK-1261 Copenhagen, Denmark
(Principal office address)
- b. 8, Palaegade, DK-1261 Copenhagen, Denmark
(Current mailing address)
8. Health and Accident Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Bruce Culpepper, Sr.
Office Address: Akerman Senterfitt, Attorneys at Law
301 South Bronough Street
Suite 200, Tallahassee, Florida 32301-1722
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Massimo Rossi

Address: rue de Rive 64, Nyon, Switzerland

Vice Chairman: Bjørn Høi Jensen

Director: Michael Andersen

Address: Søvang 30, Hørsholm, Denmark

Hedetoften 37, 1.tv

2640 Hedehusene, Denmark

Director: Vagn Ove Sørensen

Director: Pia Fechtenburg

Address: Randtofte Søvej 10, 2690 Greve, Denmark

2, Rue Kosma

06000 Nice, France

Director: Sandra Vandermerwe

Director: Ida Berg Schaldemose

Address: 134 Walton Street, London, UK

Arnevangen 13

2840 Holte, Denmark

B. OFFICERS

President: CEO Per Bay Jørgensen

Address: 194 J, Strandvejen, DK-2920 Charlottenlund, Denmark

Vice President: GM (commercial) Peter Jenkins

Address: 33 York Road, Douglas, Isle of Man, British Isles, IM2 3AY

Secretary:

Address:

Treasurer: CFO Allan Møller

Address: 2, Viekar, Trørød, DK-2950 Vedbæk, Denmark

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

FILED
02 FEB 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I henhold til lov om forsikringsvirksomhed, jf. lovbekendtgørelse nr. 963 af 29. november 1994 med senere ændringer, meddeler Finanstilsynet koncession til:

Selskabets vedtægtsmæssige navn:

"International Health Insurance Danmark Forsikringsaktieselskab"

Selskabsformen:

Aktieselskab

Selskabets vedtægtsmæssige hjemsted:

Københavns kommune

Reg.-nr. i Erhvervs- og Selskabsstyrelsens register:

Vir.nr. 172972

Nærværende koncessionscertifikat træder i stedet for koncessionscertifikat af 10. august 1990.

Selskabets tilladelse (koncession) til at drive forsikringsvirksomhed omfatter:

- | | |
|-----------------------|---|
| Forsikringsklasse 1: | Ulykker (herunder arbejdsulykker og erhvervssygsomme). |
| Forsikringsklasse 2: | Sygdom. |
| Forsikringsklasse 7: | Godstransport (herunder varer, bagage og alt andet gods). |
| Forsikringsklasse 8: | Brand og naturkræfter. |
| Forsikringsklasse 9: | Andre skader på ejendom. |
| Forsikringsklasse 13: | Almindelig ansvarsforsikring. |
| Forsikringsklasse 16: | Diverse økonomiske tab. |
| Forsikringsklasse 17: | Retshjælpsforsikring. |
| Forsikringsklasse 18: | Assistance. |

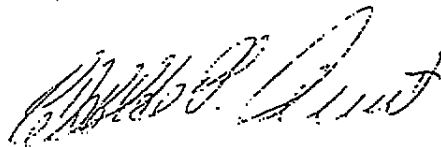
Begrænsninger i koncessionen efter begæring fra selskabet:

Begrænsninger i koncessionen indenfor de ovenfor nævnte forsikringsklasser:

Selskabets koncession til forsikringsklasse 1 omfatter ikke lovpligtig arbejdsskadeforsikring.

Selskabets koncession til forsikringsklasse 8 omfatter ikke bygningsbrandsforsikring.

Finanstilsynet, den 12. oktober 1995.



Charlotte S. Arndt
fuldmægtig

I, the undersigned Birgitte Hvidtfeldt, authorised translator and interpreter of the English language, hereby certify the preceding text to be a true and faithful translation of the attached certificate in the Danish language.

In witness whereof I have hereunto set my hand and affixed my Seal of Office this 29th day of May 2001.

Birgitte Hvidtfeldt
Authorised Translator and Interpreter



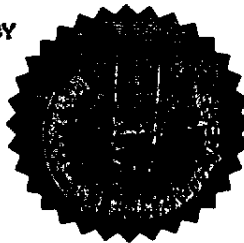
Birgitte Hvidtfeldt

This is to certify that the foregoing signature is that of
Birgitte Hvidtfeldt
duly authorized translator and interpreter of the English language.

DANISH COMMERCE AND COMPANIES AGENCY
Copenhagen, 13-06-2001

On behalf of the Director
By Order

[Signature]
THOMAS HØJ



Thomas Høj
19 JUN 2001

[Signature]
BIRGITTE THORELL

} ss

SIRGEE THE 28th whose true signature and official seal are, respectively, subscribed and affixed to the annexed document, was on the 13 day of June 2001 the date thereof

June 20 01
Dennis W. Mierz
Dennis Mierz
Consul

This is to certify that Messrs.

Per Bay Jørgensen

and

Michael Andersen

FILED
02 FEB 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

whose identity was proved to me by passport and driving licence and who on this day in my presence have signed this document, according to the register of the Danish Commerce and Companies Agency are entitled to sign jointly on behalf of the company

INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSKAB.

There were no obvious amendments or additions to the document, with the exception of those denoted by my signature (initials).

In testimony whereof I have hereunto signed my name and affixed the notarial seal of office.

Notariate of Copenhagen, Denmark, June 29th, 2001.

Ilse Greby
Ilse Greby

Notary Public of Copenhagen



THE TRUE SIGNATURE OF

Ilse Greby
IS HEREBY CERTIFIED.

COPENHAGEN, 29 JUNI 2001
FOR THE MINISTER FOR FOREIGN AFFAIRS.
B.A.

Jørn Andersen
JØRN ANDERSEN

NOTARIUS PUBLICUS

KINGDOM OF DENMARK
CITY OF COPENHAGEN
EMBASSY OF THE UNITED STATES OF AMERICA } SS
Dennis Merz

I, **Consul** of the United States of America at Copenhagen, Denmark, duly commissioned and qualified, do hereby certify that

Jørn Andersen whose true signature and official seal are, respectively, subscribed and affixed to the annexed document, was on the *29* day of *June* 2001 the date thereof

A DK MFA Notary
duly commissioned and qualified, to whose official acts faiths and credit are due.

IN WITNESS WHEREOF I have herunto set my hand and the seal of the Embassy at Copenhagen, Denmark this *5* day of

July 01

Dennis W. Merz
Dennis Merz
Consul

DANISH FINANCIAL SUPERVISORY AUTHORITY

FILED
02 FEB 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate

Pursuant to the Danish Insurance Business Act, see Order no. 963 of 29 November 1994 as amended, the Danish Financial Supervisory Authority grants a licence to:

The company's registered name:

"International Health Insurance Danmark
Forsikringsaktieselskab"

Corporate form:

Limited liability company

The company's registered office:

City of Copenhagen

Registered number in the register of the Danish Commerce and Companies Agency:

Registered number 172972

This licence certificate replaces the licence certificate of 10 August 1990.

FILED
02 FEB 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The company's licence (concession) to transact insurance includes:

Insurance class 1:	Accidents (including industrial accidents and occupational diseases).
Insurance class 2:	Disease.
Insurance class 7:	Goods transport (including goods, luggage and all other goods).
Insurance class 8:	Fire and Acts of God.
Insurance class 9:	Other damage to property.
Insurance class 13:	General liability insurance.
Insurance class 16:	Various financial losses.
Insurance class 17:	Legal expenses insurance.
Insurance class 18:	Assistance.

Restrictions on the licence at the company's request:

Restrictions on the licence within the above insurance classes:

The company's licence to insurance class 1 does not include compulsory industrial injuries insurance.

The company's licence to insurance class 8 does not include fire insurance of buildings.

Danish Financial Supervisory Authority, 12 October 1995.

[signed: Charlotte S. Arndt]

Charlotte S. Arndt
Head Clerk

FILED
02 FEB 19 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA