2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY -3 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSELSKAB

Principal Place of Business	Mailing Address
8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,	8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100036199522
05/12/04--01051--017 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO JORGENSEN, PER BAY 194 J, STRANDVEJEN, DK-2920 CHARLOTTENLUND, DENMARK,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL ANDERSEN BROVEJ 15 2920 KARLSLUNDE, DENMARK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JENKINS, PETER KINGSWAY 63 KING EDWARD ROAD B AR2,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER WALLENBERG, JR STRANDV. 3A DJURSHOLM, SWEDEN	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO MOLLER, ALLAN 2, VIEKAER, TROROD, DK-2950 VEDBAEK, DENMARK,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANDRA VANDER MERWE 137 WALTON ST. LONDON SW3 2JJ UK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROSSI, MASSIMO RUE DE RIVE 64 NYON, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETER KORSHOLM CAROLINEVEJ 28 2900 HELLERUP DENMARK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENSEN, BJORN HOI STOLLBERG PLAZA, SERVICE APT.-2-4, APT 213 MUNCHEN, GERMANY,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IDA CAROLINE ROTH BERG SCHALOCHER ARNEVANGEN 13 2840 HOLTE, DENMARK	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SORENSEN, VAGN OVE SCHREIBERWEG 33A A-1190 WIEN AUSTRIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELLE MALMBERG PETER BANGSVEJ 175. 3. TV. 2500 VALBY, DENMARK	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ CFO 28/4/04 33153095 #250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KH