

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000898

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSAKTIESELSKAB

**Current Principal Place of Business:**

8, PALAEGADE, DK-1261  
COPENHAGEN  
DENMARK,

**New Principal Place of Business:**

7001 SW 97TH AV  
MIAMI, FL 33173

**Current Mailing Address:**

7001 SW 97TH AVENUE  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: STUBBINGTON, JOHN PAUL  
Address: NICOLAI EIGTVEDSGADE 34, 2TH  
City-St-Zip: COPENHAGEN, DK, 1402

Title: P ( ) Delete  
Name: HOLDEN, DEAN A  
Address: LITTLE JUDDE, LONDON RD 32  
City-St-Zip: TANBRIDGE, UK RU103DA

Title: TCFO ( ) Delete  
Name: MOLLER, ALLAN  
Address: BIRKEBAKKEN 25  
City-St-Zip: HOLLE, DN 2840

Title: VP ( ) Delete  
Name: BIDDLESTONE, KEITH  
Address: 28 BRITANNIA CT  
City-St-Zip: BRIGHTON, UK BN5255E

Title: D ( ) Delete  
Name: DAVIS, JULIAN P  
Address: TIMBERLIA, NORMINSTER RD  
City-St-Zip: WILLSHIRE, UK SP20QW

Title: D ( ) Delete  
Name: LINARES LIEBANA, MARIA  
Address: PASCO DE ALARCON  
City-St-Zip: MADRID, SPAIN, 28233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN MOLLER

CEO

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date