

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000000898

FILED
May 07, 2008
Secretary of State**Entity Name:** INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSAKTIESELSKAB**Current Principal Place of Business:**7001 SW 97TH AV
MIAMI, FL 33173**New Principal Place of Business:****Current Mailing Address:**7001 SW 97TH AVENUE
MIAMI, FL 33173**New Mailing Address:****FEI Number:** 98-0403959**FEI Number Applied For ()****FEI Number Not Applicable ()****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

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: D (X) Change () Addition
Name: SWAIN, CORINNA
Address: 7001 SW 97TH AVENUE
City-St-Zip: MIAMI, FL 33173

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: CORINNA SWAIN

D

05/07/2008

Electronic Signature of Signing Officer or Director

Date