

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

|                                               |                                                                                                                                                                                               |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Morham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**

60

95 MAY -1 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P28086 (7)</b><br>1. Corporation Name<br><b>ANCHOR BENEFIT ADMINISTRATORS, INC.</b> |
|---------------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business<br><b>5200 BLUE LAGOON DRIVE, SUITE 190<br/>MIAMI FL 33126</b> | Mailing Address<br><b>P.O. BOX 02070<br/>MIAMI FL 33102</b> |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                             |  |                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>02/13/1990</b>                                                                                                      |  | 3a. Date of Last Report<br><b>06/14/1994</b>                                                                          |  |
| 4. FEI Number<br><b>65-0167355</b>                                                                                                                          |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                          |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |                                                                                                                       |  |

|                                                                                                                                                                  |  |                                                                                                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>SUITE 105<br/>TALLAHASSEE FL 32301</b> |  | 10. Name and Address of New Registered Agent<br>B1 Name<br>B2 Street Address (P.O. Box Number is Not Acceptable)<br>B3<br>B4 City<br><b>FL</b> B5 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 \_\_\_\_\_  
Signature typed or printed name of registered agent (not applicable) (NOTE: Registered Agent signature required when appointing) DATE \_\_\_\_\_

|                                                    |                                                                         |                                                                    |                                                                                                                                                 |
|----------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                         |                                                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |                                                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>SHARRETT, WILLIAM W.<br>5835 BLUE LAGOON DRIVE<br>MIAMI FL        | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | P<br>Norman K. Maes<br>5835 Blue Lagoon Dr<br>Miami, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>CALDWELL, BRUCE L.<br>7300 CORPORATE CENTER DR<br>MIAMI FL        | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VS<br>OLSON, DAVID A.<br>7300 CORPORATE CENTER DR<br>MIAMI FL           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | V/S<br>Anne V. Wardlow<br>7300 Corporate Center Drive<br>Miami, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VT<br>PIEL, WILLIAM G.<br>7300 CORPORATE CENTER DR<br>MIAMI FL          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VAS<br>MIDDELSTAEDT, MILFORD L.<br>7300 CORPORATE CENTER DR<br>MIAMI FL | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VAS<br>WARDLOW, ANNE V.<br>7300 CORPORATE CENTER DR<br>MIAMI FL         | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | V<br>Gary M. Reach<br>7300 Corporate Center Drive<br>Miami, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |

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, as changed, or on an attachment with an address.

SIGNATURE: Gary M. Reach Gary M. Reach, Vice President 4/25/95 305-715-3263  
Signature typed or printed name of officer or director Date Expiration Date

P28086

(12)

ANCHOR BENEFIT ADMINISTRATORS, INC.  
OFFICERS & DIRECTORS

OLENDON E. JOHNSON  
RODER L. ROSENBERGER  
MARYIN H. ASSOFSKY  
BRUCE L. CALDWELL  
SCOTT L. STANTON  
W. JAMES TILLET  
WILLIAM S. WILKINS

DIRECTOR  
DIRECTOR  
DIRECTOR  
DIRECTOR/VICE PRESIDENT  
DIRECTOR/VICE PRESIDENT  
DIRECTOR  
DIRECTOR

7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
6436 BLUE LAGOON DR. SUITE 190  
7300 CORPORATE CENTER DR

MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI

FL  
FL  
FL  
FL  
FL  
FL  
FL

33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208

NORMAN K. MAES  
MICHAEL P. ANDERSEN  
KERRY D. CLEMMONS  
GLEN A. SPENCE  
ANNE V. WARDLOW  
SYED A. ALI  
ANA M. GLABERTE  
MILFORD L. MIDDLESTAEDT  
WILLIAM G. PIEL  
GARY M. REACH  
CLAUDIA B. SPAULDING  
NANCY BELL-SIGMAN

PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT/SECRETARY  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT  
VICE PRESIDENT/TREASURER  
VICE PRESIDENT  
VICE PRESIDENT  
ASSISTANT VICE PRESIDENT

7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR  
7300 CORPORATE CENTER DR

MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI  
MIAMI

FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL  
FL

33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208  
33126-1208