

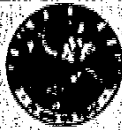
**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 19 PM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # P32866 (6)**  
1. Corporation Name  
**MARRIOTT SENIOR LIVING INSURANCE SERVICES, INCORPORATED**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**10400 FERNWOOD RD.  
DEPT 024.13  
BETHESDA MD 20817-6109  
US**

Mailing Address  
**10400 FERNWOOD RD.  
DEPT 024.13  
BETHESDA MD 20817-6109  
US**

2. Principal Place of Business  
21  
2a. Mailing Address  
26  
Suite, Apt. #, etc.  
22  
27  
City & State  
23  
28  
Zip  
24  
Country  
25  
29  
Country  
30

3. Date Incorporated or Qualified  
**02/19/1991**

3a. Date of Last Report Applied For  
**05/01/1994**  
Not Applicable

4. FEI Number  
**52-1639729**

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
83  
**SUITE 105**  
84 City  
**TALLAHASSEE** FL 85 Zip Code  
**32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>JOHNSON, PAUL E. JR.</b>
STREET ADDRESS	<b>10400 FERNWOOD RD</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>V</b>
NAME	<b>COLTON, STERLING D.</b>
STREET ADDRESS	<b>8005 GREENTREE RD.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>S</b>
NAME	<b>MCGLOCKTON, JOAN RECTOR</b>
STREET ADDRESS	<b>10400 FERNWOOD RD.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>TD</b>
NAME	<b>MORROW, TERRENCE P</b>
STREET ADDRESS	<b>10400 FERNWOOD RD</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	<b>AS</b>
NAME	<b>BENZ, NANCY L.</b>
STREET ADDRESS	<b>10400 FERNWOOD RD.</b>
CITY - ST - ZIP	<b>BETHESDA MD</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOSEPH RYAN</b>
2.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>
2.4 CITY - ST - ZIP	<b>BETHESDA, MD 20817</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>WILLIAM J. SHAW</b>
6.3 STREET ADDRESS	<b>10400 FERNWOOD ROAD</b>
6.4 CITY - ST - ZIP	<b>BETHESDA, MD 20817</b>

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 110.07(3)(d), 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 if changed, or on an attachment with an address.

SIGNATURE: Nancy L. Benz Nancy L. Benz 4-12-95 301-380-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type Name)