

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 95 JUL -7 AM 9:18  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # P93000056037 (3)**

1. Corporation Name  
**RAMSAY LIFE AND HEALTH INSURANCE COMPANY**

Principal Place of Business Mailing Address  
**75 VALENCIA AVENUE 9900 Bren Rd. E.**  
**CORAL GABLES FL 33134 300 Opus Center**  
**3RD FLOOR**  
**CORAL GABLES FL 33134 Minnetonka, MN**  
**US 55343**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/10/1993	05/01/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0426720	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30
55343	USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>CAMILLERI, MICHAEL</del> <del>2255 GLADES ROAD</del> <del>SUITE 342W</del> <del>BOCA RATON FL 33431</del>		81 Name	C T Corporation System
		82 Street Address (P.O. Box Number is Not Acceptable)	1200 South Pine Island
		83	
		84 City	Plantation FL 85 Zip Code 33324

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 Statute.

SIGNATURE *Luzan J. Wanner, Asst Secy* DATE *6-19-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>RAMSEY, PAUL J</del>	1.2 NAME	and Director William W. McGuire, M.D.
STREET ADDRESS	<del>156 PACIFIC HWY, GREENWICH, STE 103 1ST FL</del>	1.3 STREET ADDRESS	300 Opus Center; 9900 Bren Road East
CITY - ST - ZIP	<del>NEW SOUTH WALES, AUSTRALIA</del>	1.4 CITY - ST - ZIP	Minnetonka, MN 55343
TITLE	D	2.1 TITLE	Vice President and Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BROWNE, GREGORY H</del>	2.2 NAME	and Director David P. Koppe
STREET ADDRESS	<del>639 LOYOLA AVENUE, STE 1400</del>	2.3 STREET ADDRESS	300 Opus Center; 9900 Bren Road East
CITY - ST - ZIP	<del>NEW ORLEANS LA 70113</del>	2.4 CITY - ST - ZIP	Minnetonka, MN 55343
TITLE	D	3.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>LAMELA, LUIS E</del>	3.2 NAME	and Director/ Luis E. Lamela
STREET ADDRESS	<del>251 CRANDON BLVD., #1029</del>	3.3 STREET ADDRESS	251 Crandon Blvd., #1029
CITY - ST - ZIP	<del>KEY BISCAYNE FL 33149</del>	3.4 CITY - ST - ZIP	Key Biscayne, FL 33149
TITLE	D	4.1 TITLE	President and CEO and Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>HAYTHE, THOMAS</del>	4.2 NAME	Ronald B. Colby
STREET ADDRESS	<del>21 MAYFAIR LANE</del>	4.3 STREET ADDRESS	300 Opus Center; 9900 Bren Road East
CITY - ST - ZIP	<del>GREENWICH CT</del>	4.4 CITY - ST - ZIP	Minnetonka, MN 55343
TITLE	D	5.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>NOONAN, RAYMOND E</del>	5.2 NAME	Jeannine M. Rivet
STREET ADDRESS	<del>2400 BARCELONA DR</del>	5.3 STREET ADDRESS	300 Opus Center; 9900 Bren Road East
CITY - ST - ZIP	<del>FORT LAUDERDALE FL</del>	5.4 CITY - ST - ZIP	Minnetonka, MN 55343
TITLE	D	6.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>FERNANDEZ, ARTURO J</del>	6.2 NAME	Brigid M. Spicola
STREET ADDRESS	<del>75 VALENCIA AVE, 9TH FLOOR</del>	6.3 STREET ADDRESS	300 Opus Center; 9900 Bren Road East
CITY - ST - ZIP	<del>CORAL GABLES FL</del>	6.4 CITY - ST - ZIP	Minnetonka, MN 55343

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)(4), Florida Statute. 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: *Brigid M. Spicola* Brigid M. Spicola, Secretary 7/ /95

CR2E034 (3/95)