

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P93000056037 (3)

1. Corporation Name

RAMSAY LIFE AND HEALTH INSURANCE COMPANY



Principal Place of Business

**75 VALENCIA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**9900 BREN ROAD EAST
300 OPUS CENTER
MINNETONKA MI 55343
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/10/1993

3a. Date of Last Report

07/07/1995

4. FEI Number

65-0426720

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	MCGUIRE, M.D. W	
STREET ADDRESS	300 OPUS CENTER, 9900 BREN ROAD EAST	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	KOPPE, DAVID P.	
STREET ADDRESS	300 OPUS CENTER; 9900 BREN ROAD EAST	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	LAMELA, LUIS E.	
STREET ADDRESS	251 CRANDON BLVD, #1029	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	PCED	<input type="checkbox"/> DELETE
NAME	COLBY, RONALD B.	
STREET ADDRESS	300 OPUS CENTER; 9900 BREN ROAD EAST	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	RIVET, JEANNINE M.	
STREET ADDRESS	300 OPUS CENTER; 9900 BREN ROAD EAST	
CITY - ST - ZIP	MINNETONKA MN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPICOLA, BRIGID M.	
STREET ADDRESS	300 OPUS CENTER; 9900 BREN ROAD EAST	
CITY - ST - ZIP	MINNETONKA MN	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: **Brigid M. Spicola, Secretary 1/22/96 (612) 936-1709**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)