FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 8:05

DOCUMENT # P94000044706 (7)

1. Corporation Name
WAG N' PET HEALTH INSURANCE, INC.

Principal Place of Business	Mailing Address
3164 HARVARDSTON LOOP HOLIDAY FL 34691	3164 HARVARDSTON LOOP HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3164 HARVARDSTON Lp
22 Suite, Apt. #, etc:
23 City & State: Holiday FL
24 Zip: 34691 25 County: PASCO/US

2a. Mailing Address
26: PO BOX 3152
27 Suite, Apt. #, etc: B
28 City & State: Holiday FL
29 Zip: 34690 30 County: PASCO/US

4. FEI Number: 59-3252434 ☐ 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

LOGAN, FRANK C
400 CLEVELAND ST.
SUITE 800
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name
02 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: W Russell SMITH 5/16/95
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	CHAIRMAN	☐ Change ☐ Addition
NAME	LOGAN, FRANK C	12 NAME	MICHAEL B DUNLAP	
STREET ADDRESS	400 CLEVELAND ST., SUITE 800	13 STREET ADDRESS	4212 STERLING LANE	
CITY ST ZIP	CLEARWATER FL 34615	14 CITY ST ZIP	CEDAR FALLS, IOWA 50613	
TITLE	DV	21 TITLE	PRESIDENT/TREAS.	☐ Change ☐ Addition
NAME	MURPHY, DONNA J	22 NAME	W. RUSSELL SMITH, III	
STREET ADDRESS	400 CLEVELAND ST., SUITE 800	23 STREET ADDRESS	3164 HARVARDSTON LP	
CITY ST ZIP	CLEARWATER FL 34615	24 CITY ST ZIP	HOLIDAY, FL 34691	
TITLE	DS	31 TITLE	SECRETARY	☐ Change ☐ Addition
NAME	MILLER, DONNA C	32 NAME	DONNA L. KELLEAM	
STREET ADDRESS	400 CLEVELAND ST., SUITE 800	33 STREET ADDRESS	3164 HARVARDSTON LP	
CITY ST ZIP	CLEARWATER FL 34615	34 CITY ST ZIP	HOLIDAY FL 34691	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(i), 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: _____ 5/15/95 813 841-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0401003 FP