

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Neuman  
Secretary of State  
1900 BANKERS BUILDING

FILED  
SECRETARY OF STATE  
OFFICE OF CORPORATIONS

DOCUMENT # **834489** (7)  
QUALMED HEALTH & LIFE INSURANCE COMPANY

95 MAY - 1 AM 11:32

Principal Place of Business: 225 N. MAIN ST. PUEBLO CO 81003  
Mailing Address: P.O. BOX 115 PUEBLO CO 81002

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: <b>06/09/1975</b>		3a. Date of Last Report: <b>03/04/1994</b>	
4. FEI Number: <b>73-0654885</b>		Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing: <input type="checkbox"/>		<b>\$5.00 May Be Added in Fees</b>	
8. The corporation has liability for intangible tax under § 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent: <b>INSURANCE COMMISSIONER STATE OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent:	
B1 Name:					
B2 Street Address (P.O. Box Number is Not Acceptable):					
B3:					
B4 City:		FL		B5 Zip Code:	

11. Pursuant to the provisions of Sections 607.0607 and 607.1504, Florida Statutes, the above named corporation admits 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
OFFICER	PD DENT, DARNELL 790 POLLUX DR COLORADO SPRINGS CO	12.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	TD HOVLAND, E. KEITH 3118 SUNRISE CIRCLE CANON CITY CO	12.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	CD HASAN, MALIK MOHAMMAD, M.D. 1607 N. ELIZABETH ST PUEBLO CO 81003	12.3 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	S NEADER, BRIAN R. 175 E WATCH HILL DR. COLORADO SPRINGS CO	13.1 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER		13.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
OFFICER		13.3 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished with this filing is truthfully furnished and is not false and I am not guilty for the foregoing stated in law for the State of Florida Statutes. I further certify that the information furnished with this filing is not a duplicate of any information that has been previously filed with the Department of State and that my signature shall have the same legal effect as if I were to appear in person before the Department of State. I understand that the information furnished on this report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on Block 13 of the report.

SIGNATURE: DON E. KENT  
4/13/95 719 585-8889