

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # 834489 (7)**  
1. Corporation Name

**QUALMED HEALTH & LIFE INSURANCE COMPANY**



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

3. Date Incorporated or Qualified: **06/09/1975**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **73-0654885**  
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

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

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
STATE OF FLORIDA  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

**10. Name and Address of New Registered Agent**

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 type (for printed name of registered agent only) (Page 1 of 2)

(Name, Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DENT, DARNELL 790 POLLUX DR COLORADO SPRINGS CO	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	TD HOVLAND, E. KEITH 3118 SUNRISE CIRCLE CANON CITY CO	21 TITLE	D B. CURTIS WESTEN
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	2022 W. LAS TORES
CITY-ST-ZIP		24 CITY-ST-ZIP	PUEBLO WEST, CO 81007
TITLE	CD HASAN, MALIK MOHAMMAD, M.D. 1807 N. ELIZABETH ST PUEBLO CO 81003	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	S NEADER, BRIAN R. 175 E WATCH HILL DR. COLORADO SPRINGS CO	41 TITLE	S DUPONT, CRAIG S.
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	2720 PEGASUS DR.
CITY-ST-ZIP		44 CITY-ST-ZIP	COLORADO SPRINGS, CO 80906
TITLE	D BERKBIGLER, DALE T 1725 CULEBRA PLACE COLORADO SPRINGS CO	51 TITLE	CD
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D JANDA, LINDA J 4860 FARTHING DRIVE COLORADO SPRINGS CO	61 TITLE	
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Craig S. Dupont* **CRAIG S. DUPONT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

(719) 585-8056

CR2E034 (3/96)