

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 81002-0115**

3. Date Incorporated or Qualified  
**06/09/1975**

3a. Date of Last Report  
**08/12/1996**

4. FEI Number  
**73-0654885**

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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DENT, DARNELL	
STREET ADDRESS	790 POLLUX DR	
CITY - ST - ZIP	COLORADO SPRINGS CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WESTEN, B CURTIS	
STREET ADDRESS	2022 W LAS TORES	
CITY - ST - ZIP	PUEBLO WEST CO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUPONT, CRAIG	
STREET ADDRESS	2720 PEGASUS DRIVE	
CITY - ST - ZIP	COLORADO SPRINGS CO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERKBIGLER, DALE T	
STREET ADDRESS	1725 CULEBRA PLACE	
CITY - ST - ZIP	COLORADO SPRINGS CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRARY, BRIAN	
1.3 STREET ADDRESS	2325 BILTMORE COURT	
1.4 CITY - ST - ZIP	COLORADO SPRINGS, CO 80907	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARROW, DAVID	
2.3 STREET ADDRESS	615 W. 18TH STREET	
2.4 CITY - ST - ZIP	PUEBLO, CO 81003	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PUGH, MICHAEL	
3.3 STREET ADDRESS	4804 JASMINE COURT	
3.4 CITY - ST - ZIP	PUEBLO, CO 81001	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GELLERT, JAY	
4.3 STREET ADDRESS	440 LEWIS STREET #913	
4.4 CITY - ST - ZIP	SAN FRANCISCO, CA 94111	
5.1 TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WANG, ANDREW	
5.3 STREET ADDRESS	25906 W. MARSDEN COURT	
5.4 CITY - ST - ZIP	CALABASAS, CA 91302	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HASAN, MALIK	
6.3 STREET ADDRESS	1607 N. ELIZABETH STREET	
6.4 CITY - ST - ZIP	PUEBLO, CO 81003	

14. I do hereby certify that the information supplied with this filing 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: *David H. Carrow* **David H. Carrow, Secretary** *4/28/97* **719/585-8017**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)