

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

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834489 (7)**  
 1. Corporation Name  
**QUALMED HEALTH & LIFE INSURANCE COMPANY**



Principal Place of Business <b>225 N. MAIN ST. PUEBLO CO 81003</b>	Mailing Address <b>P.O. BOX 115 PUEBLO CO 81002</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25	26
21		2a. P.O. BOX 874		3. 06/09/1975	
22		27		4. FEI Number	
23		28. PUEBLO, CO		73-0654885	
24		29. 81002		5. Certificate of Status Desired	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32304				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DENT, DARNELL	11 TITLE	S KEVIN STAAB
NAME	790 POLLUX DR	12 NAME	4205 OUTLOOK BLVD
STREET ADDRESS	COLORADO SPRINGS CO	13 STREET ADDRESS	PUEBLO, CO 81008-1661
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	D WESTEN, B CURTIS	21 TITLE	A SHERWOOD SMITH
NAME	2022 W LAS TORES	22 NAME	21600 OXNARD STREET
STREET ADDRESS	PUEBLO WEST CO	23 STREET ADDRESS	WOODLAND HILLS, CA 91367
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	S DUPONT, CRAIG	31 TITLE	D MICHAEL PUGH
NAME	2720 PEGASUS DRIVE	32 NAME	4804 JASMINE COURT
STREET ADDRESS	COLORADO SPRINGS CO	33 STREET ADDRESS	PUEBLO, CO 81001
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	CD BERKBIGLER, DALE T	41 TITLE	D JAY GELLERT
NAME	1725 CULEBRA PLACE	42 NAME	21600 OXNARD STREET
STREET ADDRESS	COLORADO SPRINGS CO	43 STREET ADDRESS	WOODLAND HILLS, CA 91367
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	A WANG, ANDREW	51 TITLE	
NAME	25906 W. MARSDEN COURT	52 NAME	
STREET ADDRESS	CALABASAS CA	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D HASAN, MALIK	61 TITLE	
NAME	1607 N. ELIZABETH ST.	62 NAME	
STREET ADDRESS	PUEBLO CA	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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 *Kevin Staab* KEVIN STAAB SECRETARY 2/27/98 595-2669 (719)

CR2E034 (10/97)