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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90107 035 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 834489

1. Corporation Name  
**FOUNDATION HEALTH SYSTEMS LIFE & HEALTH INSURANCE COMPANY**



Principal Place of Business  
 225 N. MAIN ST.  
 PUEBLO CO 81003

Mailing Address  
 P.O. BOX 874  
 PUEBLO CO 81002  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 317 N Main Street Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/09/1975	
22 City & State		27 City & State		4. FEI Number	
23 Pueblo, CO		28 Pueblo, CO		73-0654885	
24 Zip		29 Zip		Applied For	
81003		USA		Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired	
USA		USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITOL BUILDING TALLAHASSEE FL 32304				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
FL					

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENT, DARNELL	1.2 NAME	Gerald J. Kertesz
STREET ADDRESS	790 POLLUX DR	1.3 STREET ADDRESS	930 N. Finance Center Drive
CITY-ST-ZIP	COLORADO SPRINGS CO	1.4 CITY-ST-ZIP	Tucson, AZ 85710-1362
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAAB, KEVIN	2.2 NAME	Radovan Bursac
STREET ADDRESS	4205 OUTLOOK BLVD	2.3 STREET ADDRESS	930 N. Finance Center Drive
CITY-ST-ZIP	PUEBLO WEST CO 81008	2.4 CITY-ST-ZIP	Tucson, AZ 85710-1362
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUGE, MICHAEL	3.2 NAME	Cynthia G. Weeks
STREET ADDRESS	4804 JASMINE COURT	3.3 STREET ADDRESS	930 N. Finance Center Drive
CITY-ST-ZIP	PUEBLO CO 81001	3.4 CITY-ST-ZIP	Tucson, AZ 85710-1362
TITLE	CD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	C/D/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKBIGLER, DALE T	4.2 NAME	Edward J. Munno Jr.
STREET ADDRESS	1725 CULEBRA PLACE	4.3 STREET ADDRESS	930 N. Finance Center Drive
CITY-ST-ZIP	COLORADO SPRINGS CO	4.4 CITY-ST-ZIP	Tucson, AZ 85710-1362
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELLERT, JAY	5.2 NAME	Kim Garnett
STREET ADDRESS	21600 OXNARD STREET	5.3 STREET ADDRESS	317 N. Main Street
CITY-ST-ZIP	WOODLAND HILLS CA 91367	5.4 CITY-ST-ZIP	Pueblo, CO 81003
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Actuary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASAN, MALIK	6.2 NAME	Sherwood Z. Smith
STREET ADDRESS	1607 N. ELIZABETH ST.	6.3 STREET ADDRESS	21600 Oxnard Street
CITY-ST-ZIP	PUEBLO CA	6.4 CITY-ST-ZIP	Woodland Hills, CA 91367

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, with all other like empowered.

SIGNATURE: *Kim Garnett* Kim Garnett Date: 2/15/98 Daytime Phone #: 719/595-2204

CR2E034 (11/98)