

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

FILED

Feb 26 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 # **F97000001469 (2)**

1. Corporation Name

**SIERRA HEALTH AND LIFE INSURANCE COMPANY, INC.**

Principal Place of Business

**PO BOX 15645  
LAS VEGAS NV 89114-5645**

Mailing Address

**PO BOX 15645  
LAS VEGAS NV 89114-5645**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/21/1997**

4. FEI Number

**94-0734860**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21 PO BOX 14396**

Suite, Apt. #, etc.

**22 City & State**

**23 LAS VEGAS, NV**

**24 Zip**

**89114-4396**

Country

**25 USA**

2a. Mailing Address

**26 PO BOX 14396**

Suite, Apt. #, etc.

**27 City & State**

**28 LAS VEGAS, NV**

**29 Zip**

**89114-4396**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1.1 TITLE** ☐ DELETE

**1.2 NAME**  
**D STARR, JAMES L**  
**1.3 STREET ADDRESS**  
**2724 N TENAYA WAY**  
**1.4 CITY-ST-ZIP**  
**LAS VEGAS NV 89128**

**2.1 TITLE** ☐ DELETE

**2.2 NAME**  
**D HOWARD, LAURENCE S**  
**2.3 STREET ADDRESS**  
**5835 BLUE LAGOON DR #400**  
**2.4 CITY-ST-ZIP**  
**MIAMI FL 33128**

**3.1 TITLE** ☐ DELETE

**3.2 NAME**  
**D BUNKER, JONATHAN W**  
**3.3 STREET ADDRESS**  
**2720 N TENAYA WAY**  
**3.4 CITY-ST-ZIP**  
**LAS VEGAS NV 89128**

**4.1 TITLE** ☐ DELETE

**4.2 NAME**  
**T MOLVIK, REBECCA**  
**4.3 STREET ADDRESS**  
**2720 N TENAYA WAY**  
**4.4 CITY-ST-ZIP**  
**LAS VEGAS NV 89128**

**5.1 TITLE** ☐ DELETE

**5.2 NAME**  
**S HOLLAND, MARK**  
**5.3 STREET ADDRESS**  
**2724 N TENAYA WAY**  
**5.4 CITY-ST-ZIP**  
**LAS VEGAS NV 89128**

**6.1 TITLE** ☐ DELETE

**6.2 NAME**  
**S MUELLER, MARLIN**  
**6.3 STREET ADDRESS**  
**2724 N TENAYA WAY**  
**6.4 CITY-ST-ZIP**  
**LAS VEGAS NV 89128**

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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/98

(702) 242-7703

CR2E034 (10/97)