

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P13586** (3)
1. Corporation Name
WELLMARK ADMINISTRATORS, INC.



Principal Place of Business
**500 WALNUT STREET
SUITE 300
DES MOINES IA 50309
US**

Mailing Address
**636 GRAND AVENUE
DES MOINES IA 50309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/12/1987	
21		26		4. FEI Number 42-1287807	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No n/a	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, ROBERT D.	1.2 NAME	Paula R. Ryan
STREET ADDRESS	636 GRAND AVENUE	1.3 STREET ADDRESS	636 Grand Avenue
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	Des Moines, IA 50309
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, PHILIP M	2.2 NAME	F. Joseph Du Bray
STREET ADDRESS	1801 W. MADISON STREET	2.3 STREET ADDRESS	1601 W. Madison
CITY-ST-ZIP	SIOUX FALLS SD 57104	2.4 CITY-ST-ZIP	Sioux Falls, SD 57104
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRIAN L	3.2 NAME	George P. Wilson, III
STREET ADDRESS	636 GRAND AVENUE	3.3 STREET ADDRESS	636 Grand Avenue
CITY-ST-ZIP	DES MOINES IA 50309	3.4 CITY-ST-ZIP	Des Moines, Iowa 50309
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RICHARD C.	4.2 NAME	
STREET ADDRESS	636 GRAND AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, SALLY T.	5.2 NAME	
STREET ADDRESS	636 GRAND AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY, C CRAIG	6.2 NAME	
STREET ADDRESS	636 GRAND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES MOINES IA	6.4 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 *Brian L. Smith* *Philip M. Davis* *George P. Wilson, III* *Sally T. Wood* *Craig Hennessey*

CR2E034 (10/97)