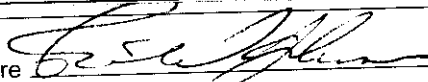


No. C 131378	Due no later than Dec 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX KAREN OTTER C/O MERCY MEDICAL CENTER 1512 12TH AVE NAMPA, ID 83686
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ALTERNATIVE INSURANCE MANAGEMENT SE AIMS C/O MERCY MEDICAL CENTER 1512 12TH AVE NAMPA, ID 83686	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>President</i>	<i>Richard Johnson</i>	<i>6021 S. Syracuse Way Suite # 205 Englewood, CO 80111</i>			
<i>Treasurer and Director</i>	<i>Geraldine Hoyler</i>	<i>CHI 1999 Broadway Suite # 2605 Denver, CO 80202</i>			
<i>Secretary and Director</i>	<i>John DiCola</i>	<i>CHI 1999 Broadway Suite # 2605 Denver, CO 80202</i>			
<i>Chairman of the Board</i>	<i>Mitch Melfi</i>	<i>CHI 3900 Olympic Blvd Suite #400 Erlanger, KY 41018</i>			

5. Organized Under the Laws of: COLORADO C 131378	6. Signature  Date <u>12/21/01</u> Name (Typed or Printed) <u>Richard Johnson</u> Title <u>PRESIDENT</u>
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