

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90044 004 ***150.00

DOCUMENT # 834489

1. Entity Name

FOUNDATION HEALTH SYSTEMS LIFE & HEALTH INSURANC

Principal Place of Business

Mailing Address

317 N MAIN STREET
 PUEBLO CO 81003

P.O. BOX 874
 PUEBLO CO 85710-1342
 US

2. Principal Place of Business

3. Mailing Address

930 NORTH FINANCE CENTER DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 TUCSON, AZ

4. FEI Number

73-0654885

Applied For

Not Applicable

Zip

Country

Zip

Country

85710

USA

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL 32304

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KERTESZ, GERALD J	
STREET ADDRESS	930 N FINANCE CENTER DRIVE	
CITY-ST-ZIP	TUCSON AZ 85710-1362	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURSAC, RADOVAN	
STREET ADDRESS	930 N FINANCE CENTER DRIVE	
CITY-ST-ZIP	TUCSON AZ 85710-1362	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, CYNTHIA G	
STREET ADDRESS	930 N FINANCE CENTER DRIVE	
CITY-ST-ZIP	TUCSON AZ 85710-1362	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MUNNO, EDWARD J JR	
STREET ADDRESS	930 N FINANCE CENTER DRIVE	
CITY-ST-ZIP	TUCSON AZ 85710-1362	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	SMITH, SHERWOOD Z	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GARNETT, KIM	
STREET ADDRESS	317 N MAIN STREET	
CITY-ST-ZIP	PUEBLO CA 81003	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBA, WILLIAM J.	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM, FRANKLIN	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERBERIAN, ROUPEN	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLEZ, CORA M.	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN WERKHOVEN, ANTHONY J.	
STREET ADDRESS	21600 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DI SALVO, GEORGE A.	
STREET ADDRESS	21650 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS, CA 91367	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roupen Berberian
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROUPEN BERBERIAN

4/18/00

Date

(818) 676-8256

Daytime Phone #