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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUL 10 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834489

1. Corporation Name

Foundation Health Systems Life & Health
Insurance Company

600006659136--7
-07/25/02--01037--028
***900.00 ***900.00

REINSTATEMENT

01-02

2. Principal Office Address

21281 Burbank Boulevard

Suite, Apt. #, etc.

City & State

Woodland Hills, California

Zip

91367

Country

U.S.A.

3. Mailing Office Address

21281 Burbank Boulevard

Suite, Apt. #, etc.

City & State

Woodland Hills, California

Zip

91367

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/9/75

5. FEI Number

73-0654885

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

David I. Farber

**DAVID I. FARBER
ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date 6/28/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	David W. Anderson	21281 Burbank Boulevard	Woodland Hills, CA 91367
D/C/CEO	Christopher P. Wing	21281 Burbank Boulevard	Woodland Hills, CA 91367
DD	Barry Averill	One Far Mill Crossing	Shelton, CT 06484
D	Christopher Ciano	21281 Burbank Boulevard	Woodland Hills, CA 91367
S/D	Franklin Tom	21650 Oxnard Street	Woodland Hills, CA 91367
	**[see attached page for other officers and directors]		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Steven Sickle

Steven Sickle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/02

Date

(818) 676-6646

Daytime Phone #

CR2E081 (9/01)

Attachment to: Florida Corporation Reinstatement

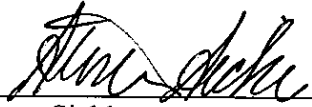
Section 9

Names and Street Addresses of Each Officer and/or Director

**FOUNDATION HEALTH SYSTEMS
LIFE & HEALTH INSURANCE COMPANY
Fla. Document # 834489**

<u>Title</u>	<u>Name</u>	<u>Street Address</u>	<u>City/ State/ Zip</u>
T/V/CFO	Roupen Berberian	21281 Burbank Blvd.	Woodland Hills, CA 91367
V	Bruce Anderson	21281 Burbank Blvd.	Woodland Hills, CA 91367
V/CIO	Wisdom Lu	21650 Oxnard Street	Woodland Hills, CA 91367
AT*	Robin Simpson	21650 Oxnard Street	Woodland Hills, CA 91367
AS**	Steven Sickle	21650 Oxnard Street	Woodland Hills, CA 91367
A***	Peter Howard	21650 Oxnard Street	Woodland Hills, CA 91367

NOTE: AT* = Assistant Treasurer
AS** = Assistant Secretary
A*** = Actuary



Steven Sickle

6/14/02
Date