

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91000 034 \*\*\*150.00

**DOCUMENT # 834489**  
 1. Entity Name  
**HEALTH NET LIFE INSURANCE COMPANY**



Principal Place of Business Mailing Address  
 21281 BURBANK BLVD. 21281 BURBANK BLVD.  
 WOODLAND HILLS CA 91367 WOODLAND HILLS CA 91367

94060000



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **73-0654885** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE FL 32399-0000**

7. Name and Address of New Registered Agent  
 Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code  
**FL**

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, DAVID W	
STREET ADDRESS	21281 BURBANK BLVD.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	WING, CHRISTOPHE P	
STREET ADDRESS	21281 BURBANK BLVD.	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEI HUI LU, WISDOM	
STREET ADDRESS	21650 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOM, FRANKLIN	
STREET ADDRESS	21650 OXNARD STREET	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	
TITLE	TVCF	<input type="checkbox"/> Delete
NAME	BERBERIAN, ROUPEN	
STREET ADDRESS	21281 BURBANK BLVD.	
CITY-ST-ZIP	WOODLAND HILLS FL 91367	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, David W	
STREET ADDRESS	21281 Burbank Blvd.	
CITY-ST-ZIP	Woodland Hills, CA 91367	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	King, Douglas A	
STREET ADDRESS	21281 Burbank Blvd.	
CITY-ST-ZIP	Woodland Hills, CA 91367	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Franklin Tom* **Franklin Tom** **4/8/04** **(813) 676-8965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #