

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 834489</b> 1. Entity Name <b>HEALTH NET LIFE INSURANCE COMPANY</b>					
Principal Place of Business <b>21281 BURBANK BLVD. WOODLAND HILLS, CA 91367</b>			Mailing Address <b>21281 BURBANK BLVD. WOODLAND HILLS, CA 91367</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>73-0654885</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE D <input checked="" type="checkbox"/> Delete	NAME ANDERSON, DAVID W		TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME El-Tawil, Mark	
STREET ADDRESS 21281 BURBANK BLVD.	CITY-ST-ZIP WOODLAND HILLS, CA 91367		STREET ADDRESS 21281 Burbank Blvd.	CITY-ST-ZIP Woodland Hills, CA 91367	
TITLE PD <input type="checkbox"/> Delete	NAME COIL, GERALD		TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>500091614525</b>	
STREET ADDRESS 503 CANAL BLVD	CITY-ST-ZIP POINT RICHMOND, CA 94804		STREET ADDRESS 	CITY-ST-ZIP 11/08/06--01008--018 **158.75	
TITLE V <input checked="" type="checkbox"/> Delete	NAME WEI HUI LU, WISDOM		TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Morgan, Mark	
STREET ADDRESS 21650 OXANRD STREET	CITY-ST-ZIP WOODLAND HILLS, CA 91367		STREET ADDRESS 21281 Burbank Blvd.	CITY-ST-ZIP Woodland Hills, CA 91367	
TITLE SD <input type="checkbox"/> Delete	NAME TOM, FRANKLIN		TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	
STREET ADDRESS 21650 OXNARD STREET	CITY-ST-ZIP WOODLAND HILLS, CA 91367		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TVCF <input type="checkbox"/> Delete	NAME BERBERIAN, ROUPEN		TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Srivastava, Sam	
STREET ADDRESS 21281 BURBANK BLVD.	CITY-ST-ZIP WOODLAND HILLS, FL 91367		STREET ADDRESS 21650 Oxnard St.	CITY-ST-ZIP Woodland Hills, CA 91367	
TITLE D <input type="checkbox"/> Delete	NAME LYNCH, STEEPHEN		TITLE  <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 	
STREET ADDRESS 13221 SW 68TH PKWY # 200	CITY-ST-ZIP TIGARD, OR 97223		STREET ADDRESS 	CITY-ST-ZIP 	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Franklin Tom</i>			Date: <i>10/27/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

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