## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 834489**

Entity Name: HEALTH NET LIFE INSURANCE COMPANY

FILED May 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
21281 BURBANK BLVD. WOODLAND HILLS, CA 91367					
Current Mailing Address:			New Mailing Address:		
21281 BURBANK BLVD. WOODLAND HILLS, CA 91367					
FEI Number: 73-0654885 FEI Number Applied For ( ) FEI Nu		mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US					
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 of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS: AE			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [ EL-TAWIL, MARI 21281 BURBANK WOODLAND HIL	CBLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD () [ BERBERIAN, RC 21650 OXNARD WOODLAND HIL	STREET	Title: Name: Address: City-St-Zip:	P (X) Change ( ) Addition BERBERIAN, ROUPEN 21650 OXNARD STREET WOODLAND HILLS, CA 91367	
Title: Name: Address: City-St-Zip:	D () [ MORGAN, MARK 21281 BURBANK WOODLAND HIL	CBLVD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () I TOM, FRANKLIN 21650 OXNARD WOODLAND HIL	STREET	Title: Name: Address: City-St-Zip:	S (X) Change ( ) Addition TOM, FRANKLIN 21650 OXNARD STREET WOODLAND HILLS, CA 91367	
Title: Name: Address: City-St-Zip:	TVCF () I BERBERIAN, RC 21281 BURBANK WOODLAND HIL	CBLVD.	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition BERBERIAN, ROUPEN 21281 BURBANK BLVD. WOODLAND HILLS, FL 91367	
Title: Name: Address: City-St-Zip:	D () I LYNCH, STEPHE 13221 SW 68TH TIGARD, OR 97	PKWY # 200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN LYNCH D 05/06/2008