

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834489

FILED
Jan 26, 2010
Secretary of State

Entity Name: HEALTH NET LIFE INSURANCE COMPANY

Current Principal Place of Business:

21281 BURBANK BLVD.
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

21281 BURBANK BLVD.
WOODLAND HILLS, CA 91367

New Mailing Address:

FEI Number: 73-0654885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: CLAREY, PATRICIA
Address: 21650 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: P
Name: SELL, STEVEN
Address: 21650 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D
Name: KELLY, SCOTT
Address: 21281 BURBANK BLVD.
City-St-Zip: WOODLAND HILLS, CA 91367

Title: S
Name: SICKLE, STEVE
Address: 21650 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: T
Name: BERBERIAN, ROUPEN
Address: 21281 BURBANK BLVD.
City-St-Zip: WOODLAND HILLS, FL 91367

Title: D
Name: MORRIS, BRET
Address: 21650 OXNARD STREET
City-St-Zip: WOODLAND HILLS, CA 91367

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA CLAREY

D

01/26/2010

Electronic Signature of Signing Officer or Director

_____ Date