

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834489

FILED  
Jan 21, 2011  
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:**

21281 BURBANK BLVD.  
WOODLAND HILLS, CA 91367 US

**Current Mailing Address:**

21281 BURBANK BLVD.  
WOODLAND HILLS, CA 91367

**New Mailing Address:**

21281 BURBANK BLVD.  
WOODLAND HILLS, CA 91367 US

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLAREY, PATRICIA  
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: P  
Name: SELL, STEVEN  
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D  
Name: KELLY, SCOTT  
Address: 21281 BURBANK BLVD. WOODLAND HILLS CA 9136  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: S  
Name: SICKLE, STEVE  
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: T  
Name: BERBERIAN, ROUPEN  
Address: 21281 BURBANK BLVD. WOODLAND HILLS FL 9136  
City-St-Zip: WOODLAND HILLS, CA 91367

Title: D  
Name: MORRIS, BRET  
Address: 21650 OXNARD STREET WOODLAND HILLS CA 9136  
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: STEVE SICKLE

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01/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date