FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **849907** **(1)**

1. Corporation Name

MAXICARE LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business	Mailing Address
1149 S BROADWAY ST **LOS ANGELES CA 90015**	**1149 S BROADWAY ST** **LOS ANGELES CA 90015**

3. Date Incorporated or Qualified: **08/04/1981**
3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27 #910
City & State
28
Zip
29
Country
30

4. FEI Number: **95-4027757** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMSSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	David A. Patton	☐ Change ☒ Addition
NAME	AMADOR, ROBERT S.		1.2 NAME	1149 S. Broadway St.	Vice
STREET ADDRESS	1149 SOUTH BROADWAY ST.		1.3 STREET ADDRESS	Los Angeles, CA 90015	President
CITY-ST-ZIP	LOS ANGELES CA		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLOOM, ALAN D.B.		2.2 NAME		
STREET ADDRESS	1149 SOUTH BROADWAT ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LINK, RICHARD		3.2 NAME		
STREET ADDRESS	1149 SOUTH BROADWAY ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RATICAN, PETER		4.2 NAME		
STREET ADDRESS	1149 SOUTH BROADWAY ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FROELICH, EUGENE		5.2 NAME		
STREET ADDRESS	1149 SOUTH BROADWAY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOS ANGELES CA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/96 213/765-2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #