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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000004265 (4)**
1. Corporation Name
SAFEHEALTH LIFE INSURANCE COMPANY

Principal Place of Business Mailing Address
505 N. EUCLID ST. ANAHEIM CA 92801 **505 N. EUCLID ST. ANAHEIM CA 92801**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/17/1994** 3a. Date of Last Report
4. FEI Number **33-0515751** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	BAILEYS, ALVIN M 505 N. EUCLID ST. ANAHEIM CA 92801	1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE D	BAILEYS, STEVEN J D.D.S. 505 N. EUCLID ST. ANAHEIM CA 92801	2.1 TITLE Dir., Pres. & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/>	2.2 NAME BAILEYS, D.D.S., STEVEN J. 2.3 STREET ADDRESS 505 N. EUCLID ST. ANAHEIM, CA 92801 2.4 CITY-ST-ZIP
TITLE DP	AMORDE, ROBERT H NO LONGER 505 N. EUCLID ST. WITH COMPANY ANAHEIM CA 92801	3.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	3.2 NAME SUSAN KLARNER 3.3 STREET ADDRESS 505 N. EUCLID ST. ANAHEIM, CA 92801 3.4 CITY-ST-ZIP
TITLE DV	RADEMACHER, KENT D 505 N. EUCLID ST. ANAHEIM CA 92801	4.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE STD	BRENDZEL, RONALD I 505 N. EUCLID ST. ANAHEIM CA 92801	5.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE VICE PRESIDENT	GEORGE D. MAZZOTTE 505 N. EUCLID ST. ANAHEIM, CA 92801	6.1 TITLE Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	6.2 NAME 6.3 STREET ADDRESS 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 110.07(3)(b), 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 appointed 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: _____ DATE: **4/28/95** (714) 778-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **RONALD I. BRENDZEL, SECRETARY**