

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 834489

**Entity Name:** HEALTH NET LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105

**FILED**  
**May 04, 2020**  
**Secretary of State**  
**6288730823CC**

**Current Mailing Address:**

7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105 US

**FEI Number: 73-0654885**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CLAREY, PATRICIA  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title SENIOR VICE PRESIDENT, DIRECTOR  
Name MOORE, JENNIFER  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR  
Name O'BRIEN, ROBERT V.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR, VP  
Name SCHWANEKE, JEFFREY A.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title SENIOR VICE PRESIDENT,  
CONTRACTING OFFICER  
Name AROYAN, CAROL  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP  
Name BARNES, PAUL D.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP  
Name BARNES, PAUL D.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP, CFO, TREASURER  
Name LEAF, GARRETT  
Address 21281 BURBANK BLVD  
City-State-Zip: WOODLAND HILLS CA 91367

**Continues on page 2**

*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: TRICIA DINKELMAN**

**VP, TAX**

**05/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LECOZ, ABBIE  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY  
Name SICKLE, STEVEN D.  
Address 21281 BURBANK BLVD  
City-State-Zip: WOODLAND HILLS CA 91367

Title ASST. SECRETARY  
Name WILLIAMSON, KEITH H.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title PRESIDENT, CEO, DIRECTOR  
Name TERNAN, J. BRIAN  
Address 21271 BURBANK BLVD.  
City-State-Zip: WOODLAND HILLS CA 91367

Title VP  
Name HUMMER, CHRIS  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP, TAX  
Name DINKELMAN, TRICIA  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title ASST. SECRETARY  
Name SCHLUETER, ANNE L.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title REGIONAL HEALTH PLAN OFFICER  
Name HAMILTON, THOMAS  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title VP, DIRECTOR  
Name SCHWANEKE, JEFFREY A.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105