

**2023 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 01, 2023**  
**Secretary of State**  
**7704829323CC**

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

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

Title ASST. SECRETARY  
Name SAMSON, JOEL  
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 DIRECTOR  
Name HAVERT, COLIN  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

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

Title VP, DIRECTOR  
Name BALBONE, KERRI  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

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*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**

**VICE PRESIDENT, TAX**

**05/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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