

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 834489

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

**FILED**  
**Apr 14, 2017**  
**Secretary of State**  
**CC1595352596**

**Current Principal Place of Business:**

7700 FORSYTH BLVD.  
SUITE 800  
ST. LOUIS , MO 63105

**Current Mailing Address:**

7700 FORSYTH BLVD.  
SUITE 800  
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 / CHIEF EXECUTIVE OFFICER / PRESIDENT  
Name SELL, STEVEN  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR  
Name CLAREY, PATRICIA  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR  
Name MOORE, JENNIFER  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR / VICE PRESIDENT  
Name SCHWANEKE, JEFFREY A.  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title DIRECTOR / VICE PRESIDENT  
Name TALLMAN, LARRY  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title VP  
Name BARNES, PAUL  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title VP  
Name ELLERTSON, CHRIS D.  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX / AUTHORIZED SIGNER  
Name DINKELMAN, TRICIA  
Address 7700 FORSYTH BLVD. SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

**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**

**VICE PRESIDENT OF TAX 04/14/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT PROVIDER NETWORK  
MANAGEMENT AND STRATEGY  
Name HUGHES, CATHY  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title ASST. SECRETARY  
Name SICKLE, STEVEN D.  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title ASSISTANT SECRETARY  
Name WILLIAMSON, KEITH H.  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title REGIONAL HEALTH PLAN OFFICER  
Name HAMILTON, THOMAS  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title TREASURER  
Name TWETEN, BRIAN  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title ASSISTANT SECRETARY  
Name SCHLUETER, ANNE L.  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title REGIONAL HEALTH PLAN OFFICER  
Name AROYAN, CAROL  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105

Title REGIONAL HEALTH PLAN OFFICER  
Name MEGIAN, ROSE  
Address 7700 FORSYTH BLVD.  
SUITE 800  
City-State-Zip: ST. LOUIS MO 63105