

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834489

FILED
Apr 19, 2018
Secretary of State
CC4243468391

Entity Name: HEALTH NET LIFE INSURANCE COMPANY

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

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

Title SR. VP & CONTRACTING OFFICER
Name AROYAN, CAROL
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 DIRECTOR
Name CLAREY, PATRICIA
Address 7700 FORSYTH BLVD. SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT OF TAX
Name DINKELMAN, TRICIA
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 REGIONAL HEALTH PLAN OFFICER
Name HAMILTON, THOMAS
Address 7700 FORSYTH BLVD. SUITE 800
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 OF TAX 04/19/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VICE PRESIDENT/DIRECTOR
Name O'BRIEN, ROBERT V.
Address 7700 FORSYTH BLVD.
SUITE 800
City-State-Zip: ST. LOUIS MO 63105

Title VICE PRESIDENT/DIRECTOR
Name SCHWANEKE, JEFFREY A.
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 SR. VP, COMMERCIAL
OFFICER/DIRECTOR
Name MOORE, JENNIFER
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 VICE PRESIDENT/CHIEF FINANCIAL
OFFICER
Name TWETEN, BRIAN
Address 7700 FORSYTH BLVD.
SUITE 800
City-State-Zip: ST. LOUIS MO 63105