# 2021 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

## **Current Mailing Address:**

7700 FORSYTH BLVD. ST. LOUIS, MO 63105 US

# FEI Number: 73-0654885

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

enneen, Bires			
Title	DIRECTOR	Title	SENIOR VICE PRESIDENT, DIRECTOR
Name	CLAREY, PATRICIA	Name	MOORE, JENNIFER
Address	7700 FORSYTH BLVD.	Address	7700 FORSYTH BLVD.
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	DIRECTOR, VP	Title	VP, CFO, TREASURER
Name	SCHWANEKE, JEFFREY A.	Name	LEAF, GARRETT
Address	7700 FORSYTH BLVD.	Address	21281 BURBANK BLVD
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	WOODLAND HILLS CA 91367
Title Name Address City-State-Zip: Title Name	VP, TAX DINKELMAN, TRICIA 7700 FORSYTH BLVD. ST. LOUIS MO 63105 ASST. SECRETARY SAMSON, JOEL	Title Name Address City-State-Zip: Title Name	SECRETARY SICKLE, STEVEN D. 21281 BURBANK BLVD WOODLAND HILLS CA 91367 PRESIDENT, CEO, DIRECTOR TERNAN, J. BRIAN
Adduces			
Address	7700 FORSYTH BLVD.	Address	21271 BURBANK BLVD.
Address City-State-Zip:		Address City-State-Zip:	

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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 04/27/2021

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 27, 2021 Secretary of State 9446039411CC

Date

# **Officer/Director Detail Continued :**

Title	VP, DIRECTOR	Title	VP
Name	SCHWANEKE, JEFFREY A.	Name	HUMMER, CHRIS
Address	7700 FORSYTH BLVD.	Address	7700 FORSYTH BLVD.
City-State-Zip:	ST. LOUIS MO 63105	City-State-Zip:	ST. LOUIS MO 63105
Title	VP, DIRECTOR	Title	VP
Title Name	VP, DIRECTOR BALBONE, KERRI	Title Name	VP SMITH, MARTHA
	,		
Name	BALBONE, KERRI 7700 FORSYTH BLVD.	Name	SMITH, MARTHA