

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2013
Secretary of State
CC3405186929

Entity Name: HEALTH NET LIFE INSURANCE COMPANY

Current Principal Place of Business:

21281 BURBANK BLVD.
WOODLAND HILLS, CA 91367

Current Mailing Address:

21281 BURBANK BLVD.
WOODLAND HILLS, CA 91367 US

FEI Number: 73-0654885

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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 D
Name CLAREY, PATRICIA
Address 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-State-Zip: WOODLAND HILLS CA 91367

Title P
Name SELL, STEVEN
Address 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-State-Zip: WOODLAND HILLS CA 91367

Title D
Name LAW, SCOTT
Address 21281 BURBANK BLVD. WOODLAND HILLS CA 9136
City-State-Zip: WOODLAND HILLS CA 91367

Title S
Name SICKLE, STEVE
Address 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-State-Zip: WOODLAND HILLS CA 91367

Title T
Name BERBERIAN, ROUPEN
Address 21281 BURBANK BLVD. WOODLAND HILLS FL 9136
City-State-Zip: WOODLAND HILLS CA 91367

Title D
Name MORRIS, BRET
Address 21650 OXNARD STREET WOODLAND HILLS CA 9136
City-State-Zip: WOODLAND HILLS CA 91367

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: STEVEN SICKLE

SECRETARY

01/23/2013

Electronic Signature of Signing Officer/Director Detail

Date