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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 849907

111

MAXICARE LIFE AND HEALTH INSURANCE COMPANY Principal Place of Business Mailing Address 1149 \$ BROADWAY \$T LOS ANGELES CA 90015 SUITE 910												
			LOS ANGELES CA	A 90015-2213			2 00	ite Incorporate	nd or Ouglified	Se Dat	le of Last R	oport
			Uõ				1	/04/1981	o or Quanticu	1	1/1996	өрөн
2. Principal F	lace of Business		2a. Mailing Addre	ess				Number	······································	XXI X		plied For
21			26				8	5-4027757	· · · · · · · · · · · · · · · · · · ·			t Applicable
Suite, Apt	#, elc.		Suite, Apt. #,	etc.			5 . Ce	rtificate of Sta	tus Desired		\$8.75 / Fee Re	
City & Stat	te		City & State				6. Ele	ection Campaig	on Financing		\$5.00	
23			28				Trı	ist Fund Contr	ibution		Added	lo Fees
Ζ(p 5.7]	<u></u>	Country	Zip	<u> </u>	Country				has liability for	r intangible t □ Yes □		. 199.032,
24	9. Name and	Address of Current	29 Registered Agent	30	L			orida Statutes ame and Addr	ess of New R			
INS	URANCE COMM	ASSIONER STATE	OF FLORIDA	****	81	Name						
	PITAL BLDG		0		82	Street A	ddress (P.O.	Box Number	is Not Accepta	able)		
TAL	LAHASSEE FL	32301			100					·		
					83							
					84	City				FL	85 Zip	Code
11. Pursuant	the provisions	of Sections 607.0502	and 607.1508, Florid	da Statutes, t	he above	e-named ¢	orporation si	ubmits this sta	tement for the	purpose of	changing it	s registered
office or i	redustrated accordin									ent the enno	aa toemtoic	registered
agent La	an inmikar with, a	or poin, in the state t nd accept the obligat	of Florida. Such chan tions of, Section 607.	ge was auth 0505, Florida	orized by Statutes	the corpo 3.	oration's boai	ra or airectors.	. I nereby acce	phi ino appo		_
agent Ta SiGNATURE	I.X		2 and 607.1508, Florid of Florida. Such chan tions of, Section 607.						. I Hereby doce			
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SIGNATURE	ig-ruis typed or bits		and little if applicable DIRECTORS				equired when rein	stating)	NGES TO OFF	DATE		
SIGNATURE	PD PD	nted name of registered agent OFFICERS AND	and little if applicable DIRECTORS	(NOTE: Re	g stered Age		equired when rein	stating)		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. III.E	PD AMADOR, RO	nted name of registered agent OFFICERS AND	and little if applicable DIRECTORS	(NOTE: Re	g-stered Age 13.	int signature re	equired when rein	stating)		DATE	DIRECTOR	RS IN 12
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May 06 1997 8:00am

Secretary of State