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•PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F94000004265 (4)

| SAFEHEALTH LIFE INSURANCE COMPANY | | | | | | | | | |
|---|--|---|---|--|---|--|--|---|--|
| ncipal Place c | of Busness | Mailing Address | | | 1 1081198 1110 10111 11811 1 | 4 | II veik vioit ii lii | | |
| 505 N. EUCLID ST. ANAHEIM CA 92801 | | 505 N. EUCLID ST. ANAHEIM CA 92801 | | | | | | | |
| | | | | | 3. Date incorporated or Qual 08/17/1994 | ified 3a. Da | ate of Last Rep 05/01/199 | - | |
| Principal Plac | ce of Business | 2a. Mailing Address | | | 4. FEI Number | | Ap | plied For | |
| | | 26 | | | 33-0515751 | | | t Applicable | |
| Suite, Apt. #. etc. | | Suite, Apt. #, etc. | 1 | | 5. Certificate of Status Desire | 5. Certificate of Status Desired Fee Requir | | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Cou | intry | 8. This corporation has liabilit | | | | |
| - 1. | 25 | 29 | 30 | , | | Yes No | | · · | |
| | 9. Name and Address of Curre | nt Registered Agent | - | Ī , | 10. Name and Address of N | lew Registere | d Agent | | |
| | | | | 81 Name | | | | | |
| INSURANCE COMMISSIONER | | | 82 Street Ac | | Address (P.O. Box Number is Not Acc | eptable) | | | |
| CAPITO | | | | 83 | | | | | |
| IALLAN | IASSEE FL 32399-0300 | | | 84 City | | | . 85 Zip | Code | |
| | | | | City | | F | | Joue | |
| | signative types or presed name of registered age | | (NOTE Registered | d Agent signature n | erhined wiven iscussional) | DATE | | | |
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SIGNATURE:

SATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

(714) 778--1005 Daytime Phone *