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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)

1. Corporation Name

SAFEHEALTH LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

505 N. EUCLID ST.
ANAHEIM CA 92801

505 N. EUCLID ST.
ANAHEIM CA 92801

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (a valid title is acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☒ DELETE

NAME
BAILEYS, ALVIN M
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA 92801

11.2 TITLE ☐ DELETE

NAME
DPC
BAILEY'S, D. D. S.
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA

11.3 TITLE ☐ DELETE

NAME
V
KLARNER, SUSAN
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA

11.4 TITLE ☒ DELETE

NAME
DV
RADEMACHER, KENT D
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA 92801

11.5 TITLE ☐ DELETE

NAME
STD
BRENDZEL, RONALD I
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA 92801

11.6 TITLE ☒ DELETE

NAME
V
MAZZOTTE, GEORGE D
STREET ADDRESS
505 N. EUCLID ST.
CITY-STATE-ZIP
ANAHEIM CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
DIRECTOR, CHAIRMAN, PRES. AND CHIEF EXECUTIVE OFFICER
BAILEYS, D.D.S., STEVEN J.
2.3 STREET ADDRESS
505 N. EUCLID ST.
2.4 CITY-STATE-ZIP
ANAHEIM, CA 92801

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
DIRECTOR, EXEC. VICE PRES.
COX, JOHN E.
4.3 STREET ADDRESS
505 N. EUCLID ST.
4.4 CITY-STATE-ZIP
ANAHEIM, CA 92801

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
DIRECTOR, SR. VICE PRES., CHIEF FINANCIAL OFFICER AND SECRETARY
5.3 STREET ADDRESS
505 N. EUCLID ST.
5.4 CITY-STATE-ZIP
ANAHEIM, CA 92801

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
VICE PRESIDENT OF OPERATIONS
FERRERA, CARLOS
6.3 STREET ADDRESS
505 N. EUCLID ST.
6.4 CITY-STATE-ZIP
ANAHEIM, CA 92801

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Date:

(714) 778-1005

Daytime Phone #

CR2E034 (12/95)