2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004719

Entity Name: SAFEHEALTH LIFE INSURANCE COMPANY OF CALIFORNIA

FILED Jan 23, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
95 ENTERF SUITE 100 ALISO VIEJ	PRISE O, CA 926562	605			
Current Mailing Address:			New Mailir	New Mailing Address:	
P O BOX 30930 LAGUNA HILLS, CA 926540930					
FEI Number: 33-0515751 FEI Number Applied For () FEI		FEI Number Not Appli	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name an				Address of New Registered Agent:	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,					
in the State			pooc or onlanging in	o regional emice of regional eigeni, or bear,	
SIGNATUR		O: 1			
Election Cam		Signature of Registered Agent Trust Fund Contribution ().		Date	
				S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () I BUNCHER, JAME 95 ENTERPRISE ALISO VIEJO, CA	Delete ES E I, SUITE 100 A 926562605 Delete NALD I	Title: Name: Address: City-St-Zip: Title: Name: Address:	CEOD (X) Change () Addition BUNCHER, JAMES E 95 ENTERPRISE, SUITE 100 ALISO VIEJO, CA 926562605 () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	ALISO VIEJO, CAVID () I GATES, DENNIS 95 ENTERPRISE ALISO VIEJO, CA	Delete L ;, SUITE 100	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VD () I BAKER, STEPHE 95 ENTERPRISE ALISO VIEJO, CA	N J , SUITE 100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARCANO, RAU	E ISLAND ROAD, SUITE 240	Title: Name: Address: City-St-Zip:	P (X) Change () Addition MARCANO, RAUL 150 SOUTH PINE ISLAND ROAD, SUITE 240 PLANTATION, FL 33324	
Title: Name: Address: City-St-Zip:	V (X) I MUCK, ROBIN 95 ENTERPRISE ALISO VIEJO, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RONALD I. BRENDZEL VSD 01/23/2006