

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004719

FILED
Jan 11, 2007
Secretary of State

Entity Name: SAFEHEALTH LIFE INSURANCE COMPANY OF CALIFORNIA

Current Principal Place of Business:

95 ENTERPRISE
SUITE 100
ALISO VIEJO, CA 926562605

New Principal Place of Business:

Current Mailing Address:

P O BOX 30930
LAGUNA HILLS, CA 926540930

New Mailing Address:

FEI Number: 33-0515751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BUNCHER, JAMES E
Address: 95 ENTERPRISE, SUITE 100
City-St-Zip: ALISO VIEJO, CA 926562605

Title: VSD () Delete
Name: BRENDZEL, RONALD I
Address: 95 ENTERPRISE, SUITE 100
City-St-Zip: ALISO VIEJO, CA 926562605

Title: VTD () Delete
Name: GATES, DENNIS L
Address: 95 ENTERPRISE, SUITE 100
City-St-Zip: ALISO VIEJO, CA 926562605

Title: VD () Delete
Name: BAKER, STEPHEN J
Address: 95 ENTERPRISE, SUITE 100
City-St-Zip: ALISO VIEJO, CA 926562605

Title: P () Delete
Name: MARCANO, RAUL
Address: 150 SOUTH PINE ISLAND ROAD, SUITE 240
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BAKER, STEPHEN J
Address: 95 ENTERPRISE, SUITE 100
City-St-Zip: ALISO VIEJO, CA 926562605

Title: V (X) Change () Addition
Name: MARCANO, RAUL
Address: 3410 HENDERSON BLVD.
City-St-Zip: TAMPA, FL 33609

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

01/11/2007

Electronic Signature of Signing Officer or Director

Date