2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004719

Entity Name: SAFEHEALTH LIFE INSURANCE COMPANY OF CALIFORNIA

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
95 ENTERPRISE SUITE 100 ALISO VIEJO, CA 926562605				1095 AVENUE OF THE AMERICAS NEW YORK, NY 100366796		
Current Mailing Address:				New Mailing Address:		
P O BOX 30930 LAGUNA HILLS, CA 926540930				1095 AVENUE OF THE AMERICAS TAX DEPARTMENT - 15TH FLOOR NEW YORK, NY 100366796		
FEI Number: 33-0515751 FEI Number Applied For () FEI Num				nber Not Applicable () Certificate of Status Desired ()		
Name and	Address of 0	Current Registered Agent:	Name and 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 of Florida. SIGNATURE:						
SIGNATOR		nic Signature of Registered Agent				 Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BUNCHER, JAI 95 ENTERPRIS			Title: Name: Address: City-St-Zip:	SCHWARTZ 501 ROUTE	
Title: Name: Address: City-St-Zip:	BRENDZEL, R 95 ENTERPRIS			Title: Name: Address: City-St-Zip:	BRASH, STE	E OF THE AMERICAS
Title: Name: Address: City-St-Zip:	GATES, DENN 95 ENTERPRIS			Title: Name: Address: City-St-Zip:	S JORDAN, DA 501 BOYLST BOSTON, MA	ON STREET
Title: Name: Address: City-St-Zip:	PD (BAKER, STEPI 95 ENTERPRIS ALISO VIEJO,	HEN J		Title: Name: Address: City-St-Zip:	STEIGERWA	E OF THE AMERICAS
Title: Name: Address: City-St-Zip:	V (MARCANO, RA 3410 HENDER TAMPA, FL 33	SON BLVD.		Title: Name: Address: City-St-Zip:	GRECO, IGN	E OF THE AMERICAS
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	KATZ, TODD 501 ROUTE	

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN J. BRASH VP 04/03/2009