

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25660 (2)

1. Corporation Name

FOUNDATION HEALTH NATIONAL LIFE INSURANCE COMPAN
Y



Principal Place of Business

3400 DATA DR.
RANCHO CORDOVA CA 95670

Mailing Address

Legal Department
3400 DATA DR.
RANCHO CORDOVA CA 95670

3. Date Incorporated or Qualified

08/18/1989

3a. Date of Last Report

10/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Same
Suite, Apt. #, etc.

26 Same
Suite, Apt. #, etc.

4. FEI Number

23-2486156

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

10. Name and Address of New Registered Agent

81 Name

Same

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, if applicable

(For FEI Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	CORBETT, RICKARD P	
STREET ADDRESS	3400 DATA DR.	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	VTD	☐ DELETE
NAME	ELDER, JEFFERY L	
STREET ADDRESS	3400 DATA DR.	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	S	☐ DELETE
NAME	MARABITO, ALLEN J	
STREET ADDRESS	3400 DATA DR.	
CITY-ST-ZIP	RANCHO CORDOVA CA	
TITLE	V	☐ DELETE
NAME	MUNNO, EDWARD J	
STREET ADDRESS	1010 N. FINANCE CTR.,STE. 100	
CITY-ST-ZIP	TUCSON AZ 85710	
TITLE	DC	☐ DELETE
NAME	VELASQUEZ, GARY S	
STREET ADDRESS	1600 LOS GAMOS, STE. 300	
CITY-ST-ZIP	SAN RAFAEL CA 94903	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	Kirk A. Benson
1.3 STREET ADDRESS	3400 Data Drive
1.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Maurice A. Costa
2.3 STREET ADDRESS	3400 Data Drive
2.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Stephen F. Rasmick
3.3 STREET ADDRESS	525 East 100 South, Suite 200
3.4 CITY-ST-ZIP	Salt Lake City, UT 84102
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	AS Marshall Bentley
4.3 STREET ADDRESS	3400 Data Drive
4.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	DCCCO
5.3 STREET ADDRESS	3400 Data Drive
5.4 CITY-ST-ZIP	Rancho Cordova, CA 95670
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: [Signature] Senior VP/COO

Date

4/26/96

Duplicate Filing #

(916) 231-5800

CR2E034 (12/95)