FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Oct 09 1998 8:00am
Secretary of State

DOCUMENT # P25660 (2)

Amended

1. Corporation Name

FOUNDATION HEALTH NATIONAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
% M. Tulloss 225 North Main Street Pueblo, CO 81003	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1989

2. Principal Place of Business	2a. Mailing Address
21	26 225 North Main Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o Legal Department
City & State 23	City & State 28 Pueblo, CO
Zip / Country 24 / 25	Zip / Country 29 81003 / 30 United States

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Treasurer & Insurance Commissioner Florida Insurance Department 200 East Gaines Street Tallahassee, FL 32399	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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TYPE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	C/D Berkbigler, Dale T. M.D. 225 North Main Street Pueblo, CO 81003 ☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	D Southam, Arthur M. M.D. 21600 Oxnard Street, Suite 1700 Woodland Hills, CA 91367 ☐ Change ☒ Add
21 TYPE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	CEO/P/D Dent, Darnell 225 North Main Street Pueblo, CO 81003 ☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	D Gellert, Jay M. 21600 Oxnard Street, Suite 1700 Woodland Hills, CA 91367 ☐ Change ☒ Add
31 TYPE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Chief Actuary Smith, Sherwood 21600 Oxnard Street Woodland Hills, CA 91367 ☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	AT Lu, Wisdom 3400 Data Drive Rancho Cordova, CA 95670 ☐ Change ☒ Add
41 TYPE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	VP/T Crary, Brian 225 North Main Street Pueblo, CO 81003 ☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	AS Tulloss, Michael B. 225 North Main Street Pueblo, CO 81003 ☐ Change ☒ Add
51 TYPE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	S Westen, B. Curtis Jr. 225 North Main Street Pueblo, CO 81003 ☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	000002660850 -10/09/98--01086--017 ***61.25 ☐ Change ☐ Add
61 TYPE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	AT Staab, Kevin 225 North Main Street Pueblo, CO 81003 ☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Add pe 10-9

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael B. Tulloss Michael B. Tulloss