

1.) CORPORATION NAME:

**Health Net Life Insurance Company**

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1641341**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21281 BURBANK BLVD B3

CITY/ST/ZIP: WOODLAND HILLS, CA 91367-6607

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN SELL	
TITLE:	PRESIDENT	
ADDRESS:	21650 OXNARD ST	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROUPEN BERBERIAN	
TITLE:	VP/CFO/TREAS	
ADDRESS:	21281 BURBANK BLVD B3	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN D SICKLE	
TITLE:	SECRETARY	
ADDRESS:	21650 OXNARD BLVD	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PATRICIA CLAREY	
TITLE:	DIRECTOR	
ADDRESS:	21650 OXNARD STREET	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT LAW	
TITLE:	DIRECTOR	
ADDRESS:	21650 OXNARD STREET	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LARRY TALLMAN	
TITLE:	DIRECTOR	
ADDRESS:	21650 OXNARD STREET	
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367	

NAME:	STEVEN TOUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21281 BURBANK BLVD		
CITY/ST/ZIP/CO:	WOODLAND HILLS, CA 91367		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ STEVEN D SICKLE	STEVEN D SICKLE, SECRETARY	8/4/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			