

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832955

1. Entity Name

PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Principal Place of Business

3515 HARBOR BOULEVARD  
COSTA MESA CA 92626

Mailing Address

3515 HARBOR BOULEVARD  
COSTA MESA CA 92626  
US

2. Principal Place of Business

23046 Avenida De La Carlota

3. Mailing Address

23046 Avenida De La Carlota

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Laguna Hills, CA

City & State

Laguna Hills, CA

Zip

92653-1536

Country

Zip

92653-1536

Country

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL BLDG.  
TALLAHASSEE FL 33132

4. FEI Number

35-1137395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONOWIECKI, JOSEPH 3120 LAKE CENTER DR. SANTA ANA CA 92704	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, ROBERT 3120 LAKE CENTER DR. SANTA ANA CA 92704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMEAU, ROBERT 3515 HARBOR BOULEVARD COSTA MESA CA 92626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOLICK, JEFFREY M. 3120 LAKE CENTER DR. SANTA ANA CA 92704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIETZ, ANTHONY LEE 3515 HARBOR BOULEVARD COSTA MESA CA 92626	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODDY, KEVIN M 3515 HARBOR BOULEVARD COSTA MESA CA 92626	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin M. Roddy

Date

800 204-6629

Ext. 55085

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90103 005 \*\*\*150.00

CUU4118C



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)