

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**9800 HEALTHCARE LANE
MN006-W500
MINNETONKA, MN 55343**Current Mailing Address:**9800 HEALTHCARE LANE
MN006-W500
MINNETONKA, MN 55343 US**FEI Number:** 35-1137395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name BRY, JOHN REIFFEL
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name BRY, JOHN REIFFEL
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name DUNN, KIMBERLEY DELLINGER
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name SONERHOLM, KIMBERLY KATHLEEN
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title TREASURER
Name GILL, PETER MARSHALL
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY
Name ZUBA, JESSICA LEIGH
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title PRESIDENT
Name CARTER, LESLIE JOHNSON
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name CARTER, LESLIE JOHNSON
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

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I hereby 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 all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY** 05/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title VP
Name COTTINGTON, NYLE BRENT
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name CUEVAS, BRANDON ERIC
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343

Title DIRECTOR
Name WRIGHT, GREGORY SCOTT
Address 9800 HEALTHCARE LANE
MN006-W500
City-State-Zip: MINNETONKA MN 55343