

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 832955 (9)

1. Corporation Name  
**PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**



Principal Place of Business: 23046 AVENIDA DE LA CARLOTA SUITE 700 LAGUNA HILLS CA 92653  
Mailing Address: 5995 PLAZA DRIVE MS H60 CYPRESS CA 92653 US

3. Date Incorporated or Qualified: 08/29/1974  
3a. Date of Last Report: 08/14/1995  
4. FEI Number: 35-1137395  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 33132  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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 and time of filing)  
DATE: \_\_\_\_\_ (Date of filing)

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	KONOWIECKI, JOSEPH	
STREET ADDRESS	5995 PLAZA DR	
CITY-ST-ZIP	CYPRESS CA 90630	
TITLE	T/D WAYNE	DELETE
NAME	LOWELL, WAYNE	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	P/D	DELETE
NAME	LINDSTROM, RICHARD	
STREET ADDRESS	23046 HENIDA DE LA CARLOTA, STE 700	
CITY-ST-ZIP	LAGUNA HILLS CA	
TITLE	V	DELETE
NAME	CAMMETT, COLLEEN	
STREET ADDRESS	23046 AVENIDA DE LA CARLOTA STE 700	
CITY-ST-ZIP	CYPRESS CA Laguna Hills, CA 92653	
TITLE	AS	DELETE
NAME	WHYTE, LEONARD W.	
STREET ADDRESS	23046 AVENIDO DE LA CARLOTA, STE 700	
CITY-ST-ZIP	CYPRESS CA Laguna Hills, CA 92653	
TITLE	V	DELETE
NAME	SHEPARD, JAMES	
STREET ADDRESS	23046 AVENIDA DE LA CARLOTA, STE 700	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	Change	Addition
1.2 NAME	Edick, Jeff		
1.3 STREET ADDRESS	5995 Plaza Drive		
1.4 CITY-ST-ZIP	Cypress, CA 90630		
2.1 TITLE	D	Change	Addition
2.2 NAME	Hoover, John		
2.3 STREET ADDRESS	23046 Avenida de la Carlota, Ste. 700		
2.4 CITY-ST-ZIP	Laguna Hills, CA 92653		
3.1 TITLE	D	Change	Addition
3.2 NAME	Young, Bill		
3.3 STREET ADDRESS	5995 Plaza Drive		
3.4 CITY-ST-ZIP	Cypress, CA 90630		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	000001810350	Change	Addition
5.2 NAME	-05/07/96--01018--008		
5.3 STREET ADDRESS	***200.00		
5.4 CITY-ST-ZIP			
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 19.07(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: *Joseph Konowiecki* Joseph Konowiecki Secretary 4/21/96 (714) 229-2783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dated Phone #

CR2E034 (12/95)