

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

FILED

**Apr 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 90630-5028 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/29/1974	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 35-1137395	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 33132		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONOWIECKI, JOSEPH	1.2 NAME	Godstein, Mitchell J.
STREET ADDRESS	5995 PLAZA DR	1.3 STREET ADDRESS	5995 Plaza Drive
CITY-ST-ZIP	CYPRESS CA 90630	1.4 CITY-ST-ZIP	Cypress, CA 90630
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWELL, WAYNE	2.2 NAME	Folick, Jeffrey M.
STREET ADDRESS	5995 PLAZA DRIVE	2.3 STREET ADDRESS	5995 Plaza Drive
CITY-ST-ZIP	CYPRESS CA	2.4 CITY-ST-ZIP	Cypress, CA 90630
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSTROM, RICHARD	3.2 NAME	
STREET ADDRESS	23046 HENIDA DE LA CARLOTA, STE 700	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMETT, COLLEEN	4.2 NAME	
STREET ADDRESS	23046 AVENIDA DE LA CARLOTA STE 700	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHYTE, LEONARD W.	5.2 NAME	
STREET ADDRESS	23046 AVENIDO DE LA CARLOTA, STE 700	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPARD, JAMES	6.2 NAME	
STREET ADDRESS	23046 AVENIDA DE LA CARLOTA, STE 700	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	6.4 CITY-ST-ZIP	

14. I do 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 _____ **DATE** _____

CR2E034 (9/96)