

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90008 032 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832955**

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 C/O TAX DEPARTMENT P O BOX 25186 / MS LC01-101 SANTA ANA CA 92799 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3515 Harbor Boulevard Suite, Apt. #, etc. 22 City & State 23 Costa Mesa CA Zip Country 24 92626 25 Orange	2a. Mailing Address 26 3515 Harbor Boulevard Suite, Apt. #, etc. 27 City & State 28 Costa Mesa CA Zip Country 29 92626 30 Orange
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3. Date Incorporated or Qualified <b>08/29/1974</b>	4. FEI Number <b>35-1137395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	KONOWIECKI, JOSEPH	
STREET ADDRESS	5995 PLAZA DR	
CITY-ST-ZIP	CYPRESS CA 90630	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWELL, WAYNE	
STREET ADDRESS	5995 PLAZA DRIVE	
CITY-ST-ZIP	CYPRESS CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOOSTEIN, MITCHELL J.	
STREET ADDRESS	5995 PLAZA DR	
CITY-ST-ZIP	CYPRESS CA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FOLICK, JEFFREY M.	
STREET ADDRESS	5995 PLAZA DR	
CITY-ST-ZIP	CYPRESS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEPARD, JAMES	
STREET ADDRESS	23046 AVENIDA DE LA CARLOTA, STE 700	
CITY-ST-ZIP	LAGUNA HILLS CA 92653	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Konowiecki, Joseph	
1.3 STREET ADDRESS	3120 Lake Center Drive	
1.4 CITY-ST-ZIP	Santa Ana CA 92704	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stearns, Robert	
2.3 STREET ADDRESS	3120 Lake Center Drive	
2.4 CITY-ST-ZIP	Santa Ana CA 92704	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Comeau, Robert	
3.3 STREET ADDRESS	3515 Harbor Boulevard	
3.4 CITY-ST-ZIP	Costa Mesa CA 92626	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Folick, Jeffrey M.	
4.3 STREET ADDRESS	3120 Lake Center Drive	
4.4 CITY-ST-ZIP	Santa Ana CA 92704	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dietz, Lee Anthony	
5.3 STREET ADDRESS	3515 Harbor Boulevard	
5.4 CITY-ST-ZIP	Costa Mesa CA 92626	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Roddy, Kevin M.	
6.3 STREET ADDRESS	3515 Harbor Boulevard	
6.4 CITY-ST-ZIP	Costa Mesa CA 92626	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: January 11, 1999 714 825-6714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/198)