2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2000 8:00 am
Secretary of State
08-15-2000 90016 030 ***550.00

DOCUMENT # 832955

1. Entity Name
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY ✓

Principal Place of Business	Mailing Address
3515ARBOR BOULEVARD COSTA MESA CA 92626	3515 HARBOR BOULEVARD COSTA MESA CA 92626 US

2. Principal Place of Business	3. Mailing Address
3515 Harbor Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1137395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL BLDG. TALLAHASSEE FL 33132	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE S NAME KONOWIECKI, JOSEPH STREET ADDRESS 3120 LAKE CENTER DR. CITY-ST-ZIP SANTA ANA CA 92704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME STEARNS, ROBERT STREET ADDRESS 3120 LAKE CENTER DR. CITY-ST-ZIP SANTA ANA CA 92704 ☒ Delete	TITLE Director NAME Goodstien, Mitchell STREET ADDRESS 3100 Lake Center Drive CITY-ST-ZIP Santa Ana, CA 92704 ☒ Change ☐ Addition
TITLE P NAME COMEAU, ROBERT STREET ADDRESS 3515 HARBOR BOULEVARD CITY-ST-ZIP COSTA MESA CA 92626 ☒ Delete	TITLE P & D NAME Davis, Ronald STREET ADDRESS 3110 Lake Center Drive CITY-ST-ZIP Santa Ana, CA 92704 ☒ Change ☐ Addition
TITLE C NAME FOLICK, JEFFREY M. STREET ADDRESS 3120 LAKE CENTER DR. CITY-ST-ZIP SANTA ANA CA 92704 ☒ Delete	TITLE Chairman NAME Bowlus, Bradford STREET ADDRESS 3120 Lake Center Drive CITY-ST-ZIP Santa Ana, CA 92704 ☒ Change ☐ Addition
TITLE V NAME DIETZ, ANTHONY LEE STREET ADDRESS 3515 HARBOR BOULEVARD CITY-ST-ZIP COSTA MESA CA 92626 ☒ Delete	TITLE Vice President NAME Roddy, Kevin STREET ADDRESS 3515 Harbor Blvd CITY-ST-ZIP Costa Mesa, CA 92626 ☒ Change ☐ Addition
TITLE T NAME RODDY, KEVIN M STREET ADDRESS 3515 HARBOR BOULEVARD CITY-ST-ZIP COSTA MESA CA 92626 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED Kevin Roddy 8-8-00 800 204-6629, ext. 56713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)