

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED
Jan 16, 2004
Secretary of State

Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

Current Principal Place of Business:

3120 LAKE CENTER DR
SANTA ANA, CA 92704

New Principal Place of Business:

5995 PLAZA DRIVE
MAILSTOP CY20-167
CYPRESS, CA 90630

Current Mailing Address:

PO BOX 25032
SANTA ANA, CA 927995032 US

New Mailing Address:

FEI Number: 35-1137395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: M.T. FITZPATRICK, ASSISTANT SECRETARY

01/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CYMERYS, EDWARD
Address: 1700 VALLEY VIEW ST.
City-St-Zip: CYPRESS, CA 90630

Title: V () Delete
Name: CHAMBERLIN, CAROL L
Address: 5701 KARELLA AVENUE
City-St-Zip: CYPRESS, CA 90630

Title: S () Delete
Name: KANOWIECKI, JOSEPH S
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: C () Delete
Name: BOWLUS, BRADFORD A
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: TD () Delete
Name: BAUGH, COY F
Address: 3120 LAKE CENTER DR
City-St-Zip: SANTA ANA, CA 92704

Title: AS () Delete
Name: BLOMQUIST, VALERIE E
Address: 3120 LAKE CENTER DR
City-St-Zip: SANTA ANA, CA 92704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KONOWIECKI, JOSEPH S
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: CAULUM, ROSS J
Address: 3120 LAKE CENTER DR
City-St-Zip: SANTA ANA, CA 92704

Title: AS (X) Change () Addition
Name: JANSEN, MICHAEL E
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH S. KONOWIECKI

S

01/16/2004

Electronic Signature of Signing Officer or Director

Date