

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 035 ***158.75

DOCUMENT # 832955

1. Entity Name
PACIFICARE LIFE AND HEALTH INSURANCE COMPANY



Principal Place of Business

5995 PLAZA DRIVE
MAILSTOP CY20-167
CYPRESS, CA 90630

Mailing Address

PO BOX 25032
SANTA ANA, CA 92799-5032 US

60015890



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 25032

Suite, Apt. #, etc.

Mail Stop CY20-267

City & State

Santa Ana, CA 92799-5032

Zip

92799-5032

Country

U.S.

01132006

Chg-P

CR2E034 (11/05)

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CYMERYS, EDWARD
STREET ADDRESS 1700 VALLEY VIEW ST.
CITY-ST-ZIP CYPRESS, CA 90630

TITLE DCFO ☒ Delete
NAME KARKENNY, CHRISTOPHER
STREET ADDRESS 5995 PLAZA DRIVE
CITY-ST-ZIP CYPRESS, CA 90630

TITLE S ☐ Delete
NAME KONOWIECKI, JOSEPH S
STREET ADDRESS 5995 PLAZA DRIVE
CITY-ST-ZIP CYPRESS, CA 90630

TITLE C ☐ Delete
NAME BOWLUS, BRADFORD A
STREET ADDRESS 5995 PLAZA DRIVE
CITY-ST-ZIP CYPRESS, CA 90630

TITLE D ☒ Delete
NAME DAVIS, RONALD M
STREET ADDRESS 5995 PLAZA DRIVE
CITY-ST-ZIP CYPRESS, CA 90630

TITLE AS ☒ Delete
NAME JANSEN, MICHAEL E
STREET ADDRESS 5995 PLAZA DRIVE
CITY-ST-ZIP CYPRESS, CA 90630

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME Susan L. Berkel
STREET ADDRESS 5995 Plaza Drive
CITY-ST-ZIP Cypress, CA 90630

TITLE D ☐ Change ☐ Addition
NAME John D. Hoover
STREET ADDRESS 111 Monument Circle, Ste 4400
CITY-ST-ZIP Indianapolis, IN 46204

TITLE D ☐ Change ☒ Addition
NAME Peter A. Reynolds
STREET ADDRESS 5995 Plaza Drive
CITY-ST-ZIP Cypress, CA 90630

TITLE AT ☐ Change ☒ Addition
NAME John Burch
STREET ADDRESS 5995 Plaza Drive
CITY-ST-ZIP Cypress, CA 90630

TITLE A ☐ Change ☒ Addition
NAME David J. Bohmfalk
STREET ADDRESS 5757 Plaza Drive
CITY-ST-ZIP Cypress, CA 90630

TITLE SVP ☐ Change ☒ Addition
NAME David A. Spivack
STREET ADDRESS 2300 Main Street
CITY-ST-ZIP Irvine, CA 92614

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 02/07/2006 (714) 226-3448

Date

Daytime Phone #

SEE ATTACHMENT

ATTACHMENT

60815890

2006 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**DOCUMENT #832955****PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Treasurer x Addition
NAME	Michael A. Montevideo
STREET ADDRESS	5995 Plaza Drive
CITY-ST-ZIP	Cypress, CA 90630
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT x Addition
NAME	Bharat V. Patel
STREET ADDRESS	5995 Plaza Drive
CITY-ST-ZIP	Cypress, CA 90630
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVP Chief Actuary x Addition
NAME	John F. Fritz
STREET ADDRESS	5995 Plaza Drive
CITY-ST-ZIP	Cypress, CA 90630