

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

5995 PLAZA DRIVE  
MAILSTOP CY20-167  
CYPRESS, CA 90630

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 25032  
MAIL STOP CY20-267  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BERKEL, SUSAN L  
Address: 5995 PLAZA DR  
City-St-Zip: CYPRESS, CA 90630

Title: D ( ) Delete  
Name: HOOVER, JOHN  
Address: 111 MONUMENT CIR STE4400  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S ( ) Delete  
Name: KONOWIECKI, 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: A ( ) Delete  
Name: BOHMFALK, DAVID J  
Address: 5757 PLAZA DR  
City-St-Zip: CYPRESS, CA 90630

Title: SVP ( ) Delete  
Name: SPIVACK, DAVID A  
Address: 2300 MAIN ST  
City-St-Zip: IRVINE, CA 92614

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C/PD (X) Change ( ) Addition  
Name: PHOTENHAUER, ROBERT P  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

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

Title: S (X) Change ( ) Addition  
Name: ADAMS-MASSEY, GAYE  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: AT (X) Change ( ) Addition  
Name: BURCH, JOHN  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

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

Title: DSVP (X) Change ( ) Addition  
Name: SPIVACK, DAVID A  
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 Chapter 119, 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: JOHN BURCH

AT

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date