

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