

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

## Current Principal Place of Business:

5995 PLAZA DRIVE  
MAILSTOP CA112-0267  
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:

PO BOX 25032  
MAIL STOP CA112-0267  
SANTA ANA, CA 927995032 US

FEI Number: 35-1137395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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: C/PD ( ) Delete  
Name: PHOTENHAUER, ROBERT P  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: D ( ) Delete  
Name: KRAJNOVICH, DANIEL  
Address: 7440 WOODLAND DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: S ( ) Delete  
Name: BERSON, SUSAN W  
Address: 8045 LEESBERG PIKE SUITE 650  
City-St-Zip: VIENNA, VA 22182

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

Title: D ( ) Delete  
Name: JACQUELINE, KOSECOFF B  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: DSVP ( ) Delete  
Name: SPIVACK, DAVID A  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/PD (X) Change ( ) Addition  
Name: NELSON, STEVEN H  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

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

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

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

Title: D (X) Change ( ) Addition  
Name: COTTINGTON, BRENT N  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: D (X) Change ( ) Addition  
Name: OSBERG, PATRICIA R  
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 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: PAYMAN PEZHMAN

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date