

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED
Apr 23, 2010
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 CA112-0267
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 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
Name: NELSON, STEVEN H
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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

Title: S
Name: PEZHMAN, PAYMAN
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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

Title: D
Name: ANDERSON, DAVID W
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: D
Name: WRIGHT, GREGORY S
Address: 3120 LAKE CENTER DRIVE
City-St-Zip: SANTA ANA, CA 92704

I hereby 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 all other like empowered.

SIGNATURE: PAYMAN PEZHMAN

S

04/23/2010

Electronic Signature of Signing Officer or Director

_____ Date