

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED
Mar 30, 2011
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:

5995 PLAZA DRIVE
CYPRESS, CA 90630

Current Mailing Address:

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

New Mailing Address:

5995 PLAZA DRIVE
CYPRESS, CA 90630

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: NELSON, STEVEN HALE
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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

Title: VP
Name: KELLY, JOHN WILLIAM
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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

Title: DIR
Name: KRAJNOVICH, DANIEL
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

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: MANDELINE HENDRICKS

POA

03/30/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date