

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

FILED  
Mar 20, 2012  
Secretary of State

**Entity Name:** PACIFICARE LIFE AND HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

5995 PLAZA DRIVE  
CYPRESS, CA 90630

**New Principal Place of Business:**

**Current Mailing Address:**

5995 PLAZA DRIVE  
CYPRESS, CA 90630

**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

**OFFICERS AND DIRECTORS:**

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

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: SEC  
Name: PEZHMAN, PAYMAN  
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

03/20/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date