


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90163 003 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 850868					
1. Corporation Name PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.					
Principal Place of Business 3120 LAKE CENTER DRIVE SANTA ANA CA 92704 US			Mailing Address P.O. BOX 25186 MAIL STOP LC 01-101 SANTA ANA CA 92799		
2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE		3. Date Incorporated or Qualified 10/29/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 35-1508167	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLICK, JEFFREY M		1.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		1.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOOPS, ALAN R		2.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		2.4 CITY-ST-ZIP		
TITLE	DCFO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWELL, WAYNE B		3.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KONOWIECKI, JOSEPH S		4.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUGH, COY F		5.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOODSTEIN, MITHCELL J		6.2 NAME		
STREET ADDRESS	3120 LAKE CENTER DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANTA ANA CA 92704		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 714-825-5200

Date

Daytime Phone #

CR2E034 (1/198)

0554844