FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # 850868							05-02-2002 90047 011 ***150.00		
1 -		HEALTH PLAN	ADMINISTRATOR	S, IN	С.				
	DO N	OT WRITE	IN THIS S	PAC	E				
2. Principal Place of Business 3120 LAKE CENTER DRIVE 3. Mailing Address 3120 LAKE CEN					NTER DRIVE				
Suite, Apt. #, etc.			Suite, Apt. #, etc. LC01-222				DO NOT WRITE IN THIS SPACE		
City & State SANTA ANA CA		City & State SANTA ANA CA		CA	4. FEI	Number 35-1508167	Applied For Not Applicable		
Zip 927 (04	Country USA	Zip 92704	Cour		5. Cert	ficate of Status Desired	\$8.75 Additional	
<u></u>	0 4	USA	92704		USA	7. Name	and Address of Current Registere	Fee Required d Agent	
****	TO SHOT MOTE AND THE				Name				
IN THIS SPACE					Street Address (P.O. Box Number is Not Acceptable)				
IIIIO OI /(OL					City FL Zip Code			Zip Code	
8. The above	named entity	submits this statement for	the purpose of changing it	s registere	ed office or real	stered agent	or both, in the State of Florida.	•	
SIGNATURE		printed name of registered agent an			d Agent signature requ				
Tax filing r		le to satisfy its Intangible id elects to do so.	After May	/ 1, Fee i ed UBR i	ee is \$150,00 s \$550,00 s \$61,25 epartment of \$	ļ	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.		OFFICERS AND D				·			
TITLE NAME				TITLE NAME					
STREET ADDRESS	SEE	SEE ATTACHED			ET ADDRESS				
CITY-ST-ZIP				CITY-	ST-ZIP				
TITLE NAME				TITLE					
STREET ADDRESS				NAME STREE	T ADDRESS				
CITY-ST-ZIP					ST-ZIP			}	
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NAME				NAME			IN THIS SPACE	注	
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CITY-ST-ZIP TITLE					ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME				CFTY+: TITLE NAME	ST-ZIP				
STREET ADORESS CITY-ST-ZIP TITLE				CFTY+: TITLE NAME	ST-ZIP T ADDRESS				

of the corporation or the receiver or trustee empowerants described and accurate and area of the corporation or the receiver or trustee empowerants execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

SIGNATURE:

Joseph S. Konowiecki

04/09/2002

714.825.5222

Daytime Phone #

ATTACHMENT

PACIFICARE HEALTH PLAN ADMINISTRATORS, INC. – OFFICERS AND DIRECTORS

FEI Number: 35-1508167

Document Number: 850868 / LOHHMYO

Howard G. Phanstiel 3120 Lake Center Drive Santa Ana, CA 92704

Chairman of Board / Director

Bradford A. Bowlus 3120 Lake Center Drive Santa Ana, CA 92704

President / Director

Gregory W. Scott 3120 Lake Center Drive Santa Ana, CA 92704

CFO / Director

Ronald M. Davis 3120 Lake Center Drive Santa Ana, CA 92704

Exec VP / CAO

Joseph S. Konowiecki 3120 Lake Center Drive Santa Ana, CA 92704 Exec VP / Secretary

Coy F. Baugh 3120 Lake Center Drive Santa Ana. CA 92704

Treasurer

Bharat V. Patel 3120 Lake Center Drive Santa Ana, CA 92704

Assistant Treasurer

James W. Frey 3120 Lake Center Drive Santa Ana, CA 92704

VP, West Region

George H. Becker, Jr. 3120 Lake Center Drive Santa-Ana,-CA-92704

VP, Southwest Region

Donald E. Costa 3120 Lake Center Drive Santa Ana, CA 92704

VP, Northwest Region

Richard F. Rivers 6455 S. Yosemite Street Greenwood Village, CO 80111

VP, Central Region

H. Bard Coats, M.D. 700 E. Warm Springs Road Las Vegas, NV 89119-7323

VP, Desert Region

Kevin M. Roddy 3120 Lake Center Drive Santa Ana, CA 92704

VP & Assistant Secretary