

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 850868

1. Entity Name

PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3120 LAKE CENTER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

3120 LAKE CENTER DRIVE

Suite, Apt. #, etc.

LC01-222

City & State

SANTA ANA CA

City & State

SANTA ANA CA

Zip

92704

Country

USA

Zip

92704

Country

USA

4. FEI Number

35-1508167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

8. 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

Signature, typed or printed name of registrant agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

SEE ATTACHED

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

AMENDED OFFICER AND
DIRECTOR LISTING

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Coy F. Baugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coy F. Baugh

8-8-02

Date

714 825-5572

Daytime Phone #

CR2E034B (12/01)

7/12/02

Attachment
850868

PacifiCare Health Plan Administrators, Inc.

OFFICERS AND DIRECTORS

NAME/ADDRESS

OFFICE

Bradford Allen Bowlus
3120 Lake Center Drive
Santa Ana, CA 92704

President & Director

Ronald Michael Davis
3120 Lake Center Drive
Santa Ana, CA 92704

Executive V.P. & CAO

Kevin Michael Roddy
3100 Lake Center Drive
Santa Ana, CA 92704

Vice President & Asst. Secretary

Howard Gustave Phanstiel
3120 Lake Center Drive
Santa Ana, CA 92704

Chairman of the Board

Joseph Samuel Konowiecki
3120 Lake Center Drive
Santa Ana, CA 92704

Exec. V.P., General Counsel & Secretary

Coy Franklin Baugh
3120 Lake Center Drive
Santa Ana, CA 92704

Treasurer

Bharat Vithalbhai Patel
3120 Lake Center Drive
Santa Ana, CA 92704

Assistant Treasurer

Gregory Winfield Scott
3120 Lake Center Drive
Santa Ana, CA 92704

CFO & Director