

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90028 045 ***158.75

DOCUMENT # 850868

1. Entity Name
PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.



Principal Place of Business

**5995 PLAZA DRIVE
MAILSTOP CY20-167
CYPRESS, CA 90630 US**

Mailing Address

**P.O. BOX 25032
MAILSTOP CY 20-167
SANTA ANA, CA 92799 US**

50006956



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01062005 Chg-P CR2E034 (10/03)

Zip

Country

Zip

Country

4. FEI Number
35-1508167

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOD
SCOTT, GREGORY W
5995 PLAZA DRIVE
CYPRESS, CA 90630** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BOWLUS, BRADFORD A
5995 PLAZA DRIVE
CYPRESS, CA 90630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SP
KONOWIECKI, JOSEPH S
5995 PLAZA DRIVE
CYPRESS, CA 90630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAULUM, ROSS J
3120 LAKE CENTER DRIVE
SANTA ANA, CA 92704** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
DAVIS, RONALD M
5995 PLAZA DRIVE
CYPRESS, CA 90630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
JANSEN, MICHAEL E
5995 PLAZA DRIVE
CYPRESS, CA 90630** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO, Director
Christopher A. Karkenny
5995 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Michael Montevideo
3120 Lake Center Drive
Santa Ana, CA 92704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Assistant Treasurer
Bharat V. Patel
3120 Lake Center Drive
Santa ANA, CA 92704** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP, Senior Solutions
Katheriner F. Feeny
5995 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP, Enterprise Services
Sharon Garrett
5995 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP, Pharmaceutical Srv
Jacqueline Kosecoff
5995 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/05

(714) 226-3821

Date

Daytime Phone #

SEE ATTACHMENT

850828
Administrators Inc

50006954

(an Indiana corporation)
(owned 100% by PHS)

Bradford A. Bowlus
5995 Plaza Drive
Cypress, CA 90630

Director

Christopher A. Karkenny
5995 Plaza Drive
Cypress, CA 90630

Director

Joseph S. Konowiecki
5995 Plaza Drive
Cypress, CA 90630

Director

Bradford A. Bowlus
5995 Plaza Drive
Cypress, CA 90630

President

Christopher A. Karkenny
5995 Plaza Drive
Cypress, CA 90630

CFO

Ronald M. Davis
5995 Plaza Drive
Cypress, CA 90630

EVP & CAO

Katherine F. Feeny
5995 Plaza Drive
Cypress, CA 90630

EVP, Senior Solutions

Sharon D. Garrett, Ph.D.
5995 Plaza Drive
Cypress, CA 90630

EVP, Enterprise Services

Jacqueline B. Kosecoff, Ph.D.
5995 Plaza Drive
Cypress, CA 90630

EVP, Pharmaceutical Services

Peter A. Reynolds
3120 Lake Center Drive
Santa Ana, CA 92704

SVP & Corporate Controller

ATTACHMENT

ATTACHMENT

85086

50006956

PacifiCare Health Plan Administrators, Inc. ("PHPA")

(an Indiana corporation)

(owned 100% by PHS)

Michael A. Montevideo
3120 Lake Center Drive
Santa Ana, CA 92704

Treasurer

Joseph S. Konowiecki
5995 Plaza Drive
Cypress, CA 90630

Secretary

Michael E. Jansen
5995 Plaza Drive
Cypress, CA 90630

Assistant Secretary

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

Assistant Treasurer