

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 024 ***158.75

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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**

40066454



2. Principal Place of Business

5995 Plaza Drive

Suite, Apt. #, etc.

Mail Stop CY20-267

City & State

Cypress, CA

Zip

90630

Country

USA

3. Mailing Address

P.O. Box 25032

Suite, Apt. #, etc.

Mail Stop CY20-267

City & State

Santa Ana, CA

Zip

92799

Country

USA

03302006

Chg-P

CR2E034 (11/05)

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

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

7. Name and Address of New Registered Agent

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, 2006 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
KARKENNY, CHRISTOPHER A
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
MONTEVIDEO, MICHAEL
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
**Director/EVP, Major Accts
James A. Frey
5995 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Director
Robert Sheehy
9900 Bren Road East
Minnetonka, MN 55343** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO, VP Finance & AT
Donald A. Powers
9900 Bren Road East
Minnetonka, MN 55343** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP, Health Services, CMO
Samuel W. Ho
5757 Plaza Drive
Cypress, CA 90630** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Robert W. Oberrender
9900 Bren Road East
Minnetonka, MN 55343** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Forest Burke
9900 Bren Road East
Minnetonka, MN 55343** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone

4/21/06 714-226-3358

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT
DOCUMENT #850868
PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.**

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