2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# 850868

Entity Name: PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

Current Principal Place of Business:

5995 PL DR
MAILSTOP CA112-0267
CYPRESS, CA 90630 US

New Principal Place of Business:

Current Mailing Address:

POB 25032
MAILSTOP CA112-0267
SANTA ANA, CA 92799 US

New Mailing Address:

FEI Number: 35-1508167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FREY, JAMES A
Address: 5995 PL DR
City-St-Zip: CYPRESS, CA 90630

Title: PD ( ) Delete
Name: SHEEHY, ROBERT J
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: CFVP ( ) Delete
Name: POWERS, DONALD A
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: EVHS ( ) Delete
Name: HO, SAMUEL W
Address: 5995 PL DR
City-St-Zip: CYPRESS, CA 960330

Title: T ( ) Delete
Name: OBERRENDER, ROBERT W
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343 US

Title: S ( ) Delete
Name: BURKE, FOREST G
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MORRISON, DAVID M
Address: 5995 PL DR
City-St-Zip: CYPRESS, CA 90630

Title: PD (X) Change ( ) Addition
Name: HANSEN, DAVID M
Address: 5995 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: CFO (X) Change ( ) Addition
Name: ERICKSON, KAREN L
Address: 9900 BREN RD E
City-St-Zip: MINNETONKA, MN 55343

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: CARON, TIMOTHY G
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA LUIS AS 04/24/2008

Electronic Signature of Signing Officer or Director — Date