

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850868

FILED  
Mar 19, 2009  
Secretary of State

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:

POB 25032  
MAILSTOP CA012-0267  
SANTA ANA, CA 92799 US

FEI Number: 35-1508167

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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: MORRISON, DAVID M  
Address: 5995 PL DR  
City-St-Zip: CYPRESS, CA 90630

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

Title: CFO ( ) Delete  
Name: ERICKSON, KAREN L  
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 90630

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COTTINGTON, BRENT N  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: PD (X) Change ( ) Addition  
Name: NELSON, STEVEN H  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: CFO (X) Change ( ) Addition  
Name: COTTINGTON, BRENT N  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TIMOTHY G CARON

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date