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:			New Prince	New Principal Place of Business:		
	CA112-0267	US				
Current Mailing Address:			New Maili	New Mailing Address:		
POB 25032			POB 2503:	POB 25032		
	LSTOP CA112-0267 ITA ANA, CA 92799 US			MAILSTOP CA012-0267 SANTA ANA, CA 92799 US		
FEI Number:	: 35-1508167	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Statu	s Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered A	lgent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ID ROAD				
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered	agent, or both	
SIGNATUR	RE:					
	Electroni	ic Signature of Registered Age	ent	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS A	ND DIRECTO	
Title:	* *	Delete	Title:	D (X) Change () Addition		
Γitle: Name:	MORRISON, DA		Name:	D (X) Change () Addition COTTINGTON, BRENT N		
Title: Name: Address:	* *	VID M		D (X) Change () Addition		
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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