

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850868

FILED  
Apr 23, 2010  
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:**

5995 PLAZA DRIVE  
MAILSTOP CA112-0267  
CYPRESS, CA 90630 US

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 25032  
MAILSTOP CA112-0267  
SANTA ANA, CA 927995032 US

**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  
Name: COTTINGTON, NYLE B  
Address: 9900 BREN ROAD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: PD  
Name: NELSON, STEVEN H  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: CFO  
Name: COTTINGTON, NYLE B  
Address: 9900 BREN RD EAST  
City-St-Zip: MINNETONKA, MN 55343

Title: EVHS  
Name: HO, SAMUEL W  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

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

Title: S  
Name: PEZHMAN, PAYMAN  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630 US

I hereby 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 all other like empowered.

SIGNATURE: PAYMAN PEZHMAN

S

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date