

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850868

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

5995 PLAZA DRIVE  
CYPRESS, CA 90630

**Current Mailing Address:**

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

**New Mailing Address:**

5995 PLAZA DRIVE  
CYPRESS, CA 90630

**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

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: NELSON, STEVEN HALE  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: TREA  
Name: OBERRENDER, ROBERT WORTH  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

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

Title: VP  
Name: KELLY, JOHN WILLIAM  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

Title: DIR  
Name: COTTINGTON, NYLE BRENT  
Address: 5995 PLAZA DRIVE  
City-St-Zip: CYPRESS, CA 90630

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: MANDELINE HENDRICKS

POA

03/30/2011

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

\_\_\_\_\_  
Date