

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850868

FILED
Mar 20, 2012
Secretary of State

Entity Name: PACIFICARE HEALTH PLAN ADMINISTRATORS, INC.

Current Principal Place of Business:

5995 PLAZA DRIVE
CYPRESS, CA 90630

New Principal Place of Business:

Current Mailing Address:

5995 PLAZA DRIVE
CYPRESS, CA 90630

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

OFFICERS AND DIRECTORS:

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

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

Title: SEC
Name: PEZHMAN, PAYMAN
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

03/20/2012

Electronic Signature of Signing Officer or Director

Date