

Laguna Hills, California 926 Tel: 800-531-2764

April 19, 1995

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Gentlemen,

PacifiCare Administrative Services is applying for licensure as a Third Party Administrator in the State of Florida. Therefore, as a part of that licensure we are applying for authorization to transact business in Florida.

We have enclosed the following items; (as requested on the attached form from the Department of Insurance)

Application - 2 Registered Agent information Original Certificate of Good Standing from state of domicitle Check for \$78.75

Please forward all correspondence and a Certificate of Status to:

Valerie Blomquist PacifiCare Administrative Services, Inc. 23046 Avenida de la Carlota #700 Laguna Hills, CA 92653

Please contact me at 1/80(/531-2764 ext.5271 if you need additional information. Thank you for your prompt consideration of this request.

Sincerely,

allie Blomquist

Valerie Blomquist Senior Compliance Analyst

Enclosures

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TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION DIVISION OF CORPORATIONS

SUBJECT: PacifiCare Administrative Services, Inc.

(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Valerie Blomquist (Name of Person) PacifiCare Administrative Services (Firm/Company) 23046 Avenida de la Carlota #700 (Address) Laguna Hills, CA 92653 (City, State and Zip Code) DIVISION OF CORFORATIONS 95 MAY 23 PH 12: 56

Should you need to call someone concerning this matter, please call:

Valerie Blomquist

(Name of Person)

at (800. 531-2764

Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec. Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B, Mortham Secretary of State

April 27, 1995

VALERIE BLOMQUIST 23046 AVENIDA DE LA CARLOTA #700 23046 AVENIDA DE LA CARLOTA #700 LAGUNA HILLS, CA 92653

SUBJECT: PACIFICARE ADMINISTRATIVE SERVICES, INC. Ref. Number: W9500009003

We have received your document for PACIFICARE ADMINISTRATIVE SERVICES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers Document Examiner

CR2E042

Letter Number: 395A00020118

PacifiCare Life and Health Insurance Company

23046 Avenida De La Carlota, Suite 700 Laguna Hills, CA 92653 Tel. 714-859-7920 FAX 714-859-9824

22, 1995

RE: FicifiCare Administrative Services, Inc. REF. NUMBER: W9500009003

Dear Mr. Rivers,

You noted in your response letter to our application for admission to do business in the state of Florida that the name PacifiCare Administrative Services of Florida, Inc. was already assigned to another company and was too close to allow the use of our name. PacifiCare Administrative Services of Florida, Inc. is an affiliated company having the same ultimate parent, PacifiCare Health Systems, Inc. I have enclosed a consent letter signed by Joseph Konowiecki, Secretary allowing PacifiCare Administrative Services, Inc. to use that name.

I hope this will complete are filing. If you need additional information, please contact me at 800/531-2764 ext. 5271. I hope this will complete our filing and you will be able to forward all correspondence and a **Certificate of Status** to:

Valerie Blomquist PacifiCare Administrative Services, Inc. 23046 Avenida de la Carlota #700 Laguna Hills, CA 92653

Please contact me at 1/800/531-2764 ext.5271 if you need additional information. Thank you for your prompt consideration of this request.

Sincerely,

Phenie Blomquist

Valerie Blomquist Senior Compliance Analyst

Enclosures

CONSENT TO USE OF NAME

The undersigned is the duly elected, qualified and acting secretary of PacifiCare Administrative Services of Florida, Inc., a Florida corporation (the "Corporation"), and, on behalf of the Corporation, hereby consents to the use of the name "PacifiCare Administrative Services, Inc." by its affiliated company, PacifiCare Administrative Service, Inc., a California corporation, which desires to obtain licensure as a third party administrator within the State of Florida. The Corporation and Pacificare Administrative Services, Inc. are affiliated companies because they have the same ultimate parent entity in PacifiCare Health Systems, Inc., a Delaware corporation.

IN WITNESS WHEREOF, the undersigned has caused the execution of this Consent to Use of Name as of the 16th day of May, 1995.

PACIFICARE ADMINISTRATIVE SERVICES OF INC., a Florida corporation FLORIDA, By: Konowiecki S bh 95 MAY 23 PH 12: 51

DIVISI

Title: Secretary

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

 Pacificare Administrative Services. Inc. (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2.	California		3		0603767			<u> </u>
(S	tate or country under the la	wof which it is incorp	orated)	(FEI numb	er, if applica	ble)		
4.].	11-04-93 (Date of Incorporation)	5		rpetual	ill cease to e	vist or "ner	netuel	<u> </u>
~	Pending	•						
Б. ((Date first transacted busines	ss in Florida. (See section	ne 607.1501, 607	.1502, and 81	7.155, F.S.)			
7.	5701 Katella Avenu							DIVID
	Cypress, Californi	a 90630					NW.	SECR
	(Current mailing addre	55)				23	
8	Third Party Admini	strator					P	
0.1	(Purpose(s) of corporation	authorized in home s	tate or count	y to be can	ried out in the	e state of Fl		STA
9.	Name and street ad	dress of Florida r	egistered	agent:		i.	3	ION'S
	Name:	CT Corputtion	System			• •	• •	
	Office Address:	1200 South Pine	Island Ro	ad	на на селото на селот Селото на селото на с Селото на селото на с			
		Plantation			, Florida ,	33324	•	
: :					, ,	(Zip C	ode)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

DIRECTORS

Chairman:	Jeff Folick						
Address:	13601, Belle Rive						
	Santa Ana, CA 92705						
Vice Chair	man: Jon Wampler						
Address:							
	Newport Beach, CAn. 92660						
Director: _	Ronald M. Davis						
Address:	#8 Meadowgrass						
	Irvine, California 92714						
Director: _	R Wayne' Lowel 1						
Address:	346 Bayside Drive						
	91rvine, CA 92714						

B. OFFICERS

President:	Jon Wampler					
Address:	1501 Lincoln Lane					
	Newport Beach, California 92660					
Vice President:	Jim'shepard					
Address:	#7 Argo					
	Threvine, CA 92715. Jornat					
Secretary:	Joseph S. Konowiecki, Esq.					
Address:	277 Argonne Avenue					
	Long Beach, California 90803					
Treasurer:	Wavne Lowell					
Address:	#6 Bayside					
	Irvine, California 92714					

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Jon Wampler

13.

14.

(Signature of Chaimhan, Vice Chaiman, or any officer listed in number 12 of the application)

President

(Typed or printed name and capacity of person signing application)

DIRECTORS

JIM WILLIAMS 25777 ALTA DRIVE VALENCIA, CA 91355

OFFICERS

RONALD MICHAEL DAVIS #8 MEADOW BROOK IRVINE, CA 92714



BILL JONES

BILL JONES Secretary of State

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