

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832955

Entity Name: PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**5995 PLAZA DRIVE
CYPRESS, CA 90630**Current Mailing Address:**5995 PLAZA DRIVE
CYPRESS, CA 90630 US**FEI Number:** 35-1137395**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	ASSISTANT SECRETARY
Name	HUNTLEY DILL, MICHELLE MARIE
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

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

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

Title	PRESIDENT, DIRECTOR
Name	SCHENEMAN, STEPHEN ANDREW
Address	3100 LAKE CENTER DRIVE
City-State-Zip:	SANTA ANA CA 92704

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: MICHELLE MARIE HUNTLEY DILL

ASSISTANT SECRETARY 04/05/2014

Electronic Signature of Signing Officer/Director Detail_____
Date