

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832955

**Entity Name:** PACIFICARE LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**9700 HEALTHCARE LANE  
MN017-E900  
MINNETONKA, MN 55343**Current Mailing Address:**9700 HEALTHCARE LANE  
MN017-E900  
MINNETONKA, MN 55343 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        PRESIDENT, DIRECTOR  
Name        CARTER, LESLIE JOHNSON  
Address     9700 HEALTHCARE LANE  
              MN017-E900  
City-State-Zip: MINNETONKA MN 55343

Title        TREASURER  
Name        GILL, PETER MARSHALL  
Address     9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title        DIRECTOR  
Name        CUEVAS, BRANDON ERIC  
Address     5995 PLAZA DRIVE  
City-State-Zip: CYPRESS CA 90630

Title        DIRECTOR  
Name        WRIGHT, GREGORY SCOTT  
Address     3120 LAKE CENTER DRIVE  
City-State-Zip: SANTA ANA CA 92704

Title        SECRETARY  
Name        PEZHMANN, PAYMAN  
Address     9700 HEALTH CARE LANE  
City-State-Zip: MINNETONKA MN 55343

Title        ASSISTANT SECRETARY  
Name        LANG, HEATHER ANASTASIA  
Address     9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title        DIRECTOR  
Name        KRAJNOVICH, DANIEL  
Address     7440 WOODLAND DRIVE  
City-State-Zip: INDIANAPOLIS IN 46278

Title        DIRECTOR  
Name        WEI, MICHAEL RYAN  
Address     9700 HEALTHCARE LANE  
              MN017-E900  
City-State-Zip: MINNETONKA MN 55343

*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:** HEATHER ANASTASIA LANG**ASSISTANT SECRETARY    03/19/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date