

1.) CORPORATION NAME:

**PacifiCare Life and Health Insurance Company**

DUE DATE: **4/30/2011**

SCC ID NO: **F1626011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD**

**GLEN ALLEN, VA 23060**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5995 PLAZA DRIVE

CITY/ST/ZIP: CYPRESS, CA 90630-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN HALE NELSON  
TITLE: CHAIR/CEO/PRES  
ADDRESS: 5995 PLAZA DRIVE  
CITY/ST/ZIP/CO: CYPRESS, CA 90630-

OFFICER

DIRECTOR

NAME: PAYMAN PEZHMAN  
TITLE: SECRETARY  
ADDRESS: 5995 PLAZA DRIVE  
CITY/ST/ZIP/CO: CYPRESS, CA 90630-

OFFICER

DIRECTOR

NAME: NYLE BRENT COTTINGTON  
TITLE: VP/RC/ASS TREAS  
ADDRESS: 5995 PLAZA DRIVE  
CITY/ST/ZIP/CO: CYPRESS, CA 90630-

OFFICER

DIRECTOR

NAME: DANIE KRAJNOVICH  
TITLE: DIRECTOR  
ADDRESS: 5995 PLAZA DRIVE  
CITY/ST/ZIP/CO: CYPRESS, CA 90630-

OFFICER

DIRECTOR

NAME: MICHELLE MARIE HUNTLEY DILL  
TITLE: ASST SECRETARY  
ADDRESS: 5995 PLAZA DRIVE  
CITY/ST/ZIP/CO: CYPRESS, CA 90630-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHELLE MARIE HUNTLEY  
DILL  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

MICHELLE MARIE HUNTLEY DILL,  
ASST SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

3/16/2011  
DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.