

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212510781
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1.) CORPORATION NAME: PacifiCare Life and Health Insurance Company	DUE DATE: 4/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD GLEN ALLEN, VA 23060	SCC ID NO: F1626011				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHELLE MARIE HUNTLEY DILL TITLE: ASST SECRETARY ADDRESS: 9900 BREN RAOD EAST CITY/ST/ZIP/CO: MINNETONKA, MN 55343		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT WORTH OBERREN TITLE: TREASURER ADDRESS: 9900 BREN ROAD EAST SUITE 650 CITY/ST/ZIP/CO: MINNETONKA, MN 55343		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: David William Anderson TITLE: DIRECTOR ADDRESS: 505 N Branch Blvd q Ste 850/1200 CITY/ST/ZIP/CO: Glendale, CA 91203		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Daniel Krajnovich TITLE: DIRECTOR ADDRESS: 7440 Woodland Drive CITY/ST/ZIP/CO: Indianapolis, IN 46278, US,US,US		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Steven Hale Nelson TITLE: PRESIDENT ADDRESS: 5995 Plaza Drive CITY/ST/ZIP/CO: Cypress, CA 90630		

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	MICHELLE MARIE HUNTLEY DILL, PRINTED NAME AND CORPORATE TITLE	3/27/2012 DATE
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		

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.