

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> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </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	
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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: ROBERT WORTH OBERRENDER		
TITLE: TREASURER		
ADDRESS: 9900 BREN ROAD EAST		
CITY/ST/ZIP/CO: SUITE 650 MINNETONKA, MN 55343		

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

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

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, ASST SECRETARY	3/27/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.