

No. <b>C 68370</b>		Due no later than Nov 31, 2005		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  PACIFICARE HEALTH PLAN ADMINISTRATORS, INC. DELAINE P. WHITEHEAD MS CY20-267 PO BOX 25032 SANTA ANA CA 92799 5032 USA		C T CORPORATION SYSTEM 300 NORTH 6TH ST BOISE ID 83701 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRADFORD A. BOWLUS	5995 PLAZA DRIVE	CYPRESS	CA	USA	90630	
SECRETARY	JOSEPH S. KONOWIECKI	5995 PLAZA DRIVE	CYPRESS	CA	USA	90630	
DIRECTOR	BRADFORD A. BOWLUS	5995 PLAZA DRIVE	CYPRESS	CA	USA	90630	
DIRECTOR	CHRISTOPHER A. KARKENNY	5995 PLAZA DRIVE	CYPRESS	CA	USA	90630	
5. Organized Under the Laws of:  <b>INDIANA C 68370</b>		6. Annual Report must be signed.* Signature: Michael A. Jansen Name (type or print): Michael A. Jansen Date: 09/23/2005 Title: Assistant Secretary					
Processed 09/23/2005		* Electronically provided signatures are accepted as original signatures.					