

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name:

PACIFICARE HEALTH SYSTEMS, INC.

2. Address:

5995 PLAZA DRIVE CY20-536, CYPRESS, CA 90630

3. Principal place of business (if different from line 2):

Country: _____ City: _____ State/Zip(or Country): _____

4. Contact Name: LEIGH VOLKLAND

Telephone: 714-226-3211

E-mail (optional): leigh.volkland@phs.com

Senate ID #: 30597-12

House ID #: 32170000

7. Client Name: Self

TYPE OF REPORT

8. Year 2005 Midyear (January 1 - June 30): **OR** Year End (July 1 - December 31):

9. Check if this filing amends a previously filed version of this report:

10. Check if this is a Termination Report: => Termination Date: Dec 31, 2005 11. No Lobbying Activity:

INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more: => Income (nearest \$20,000): _____

Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more: => Expenses (nearest \$20,000): 550,000.00

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

Method A. Reporting amounts using LDA definitions only

Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code

Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: PACIFICARE HEALTH SYSTEMS, INC. Client Name: Self

LOBBYING ACTIVITY

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: HCR (one per page)

16. Specific lobbying issues:

Health Information Technology Restructure of health insurance industry regulation Association health plans/small group reform

17. House(s) of Congress and Federal agencies contacted:

U.S. House of Representatives

U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area:

Name: FREITAS, KRISTIN

Covered Official Position (if applicable):

Name: GUINN, JOE

Covered Official Position (if applicable):

Name: MARTIN, JENNIFER

Covered Official Position (if applicable):

Name: NEWPORT, JANET

Covered Official Position (if applicable):

Name: VOLKLAND, LEIGH

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: PACIFICARE HEALTH SYSTEMS, INC. Client Name: Self

LOBBYING ACTIVITY

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: MMM (one per page)

16. Specific lobbying issues:

Medicare - Medicare Reform - Medicare Payment - Medicare Prescription Drug Benefit

17. House(s) of Congress and Federal agencies contacted:

U.S. House of Representatives

U.S. Senate

White House

Department of Health and Human Services (Plus Center for Medicare and Medicaid Services)

18. Name of each individual who acted as a lobbyist in this issue area:

Name: FREITAS, KRISTIN

Covered Official Position (if applicable):

Name: GUINN, JOE

Covered Official Position (if applicable):

Name: MARTIN, JENNIFER

Covered Official Position (if applicable):

Name: NEWPORT, JANET

Covered Official Position (if applicable):

Name: VOLKLAND, LEIGH

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Registrant Name: PACIFICARE HEALTH SYSTEMS, INC. Client Name: Self

LOBBYING ACTIVITY

Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code: PHA (one per page)

16. Specific lobbying issues:

Prescription Drugs as part of Part D (Medicare) Pharmacy Benefit Management (PBM) issues

17. House(s) of Congress and Federal agencies contacted:

U.S. House of Representatives

U.S. Senate

Department of Health and Human Services (Center for Medicare and Medicaid Services)

18. Name of each individual who acted as a lobbyist in this issue area:

Name: FREITAS, KRISTIN

Covered Official Position (if applicable):

Name: GUINN, JOE

Covered Official Position (if applicable):

Name: MARTIN, JENNIFER

Covered Official Position (if applicable):

Name: NEWPORT, JANET

Covered Official Position (if applicable):

Name: VOLKLAND, LEIGH

Covered Official Position (if applicable):

19. Interest of each foreign entity in the specific issues listed on line 16 above. **None**

Signature: ON FILE Date: Feb 07, 2006

Printed Name and Title: Leigh Volkland, Director, Government Relations -

Information Update Page:

Complete ONLY where registration information has changed.

LOBBYIST UPDATE

23. Name of each previously reported individual who is NO LONGER expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that NO LONGER pertain

AFFILIATED ORGANIZATIONS

25. Add the following organization(s)

26. Name of each previously reported organization that is NO LONGER affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

28. Name of each previously reported foreign entity the NO LONGER owns, OR controls, OR is affiliated with the registrant, client or affiliated organization

Name:

Name:

Name:

Name:

Name:

Signature: ON FILE Date: Feb 07, 2006

Printed Name and Title: LEIGH VOLKLAND, DIRECTOR, GOVERNMENT RELATIONS -