

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

1-2

DOCUMENT # **846496** (8)

1. Corporation Name

~~MAL-PENSION-INSURANCE-COMPANY-~~

Unicare Life & Health Insurance Company



Principal Place of Business

Mailing Address

~~1295 STATE STREET
SPRINGFIELD-MA-01111~~

~~1295 STATE STREET
SPRINGFIELD-MA-01111~~

2. Principal Place of Business

2a. Mailing Address

21 **1350 Main Street**
Suite, Apt. #, etc.

26 **1350 Main Street**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Springfield, MA**

28 **Springfield, MA**

24 Zip

25 Country

29 Zip

30 Country

24 **01103**

25 **USA**

29 **01103**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/15/1980

3a. Date of Last Report
02/07/1995

4. FEI Number
52-0913817

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **300001849303**
-06/04/96--01022--019

84 City

*****225.00**

FL

85 Zip Code

*11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
C	WHEELER, THOMAS B.	1295 STATE STREET	SPRINGFIELD, MA 00000	<input checked="" type="checkbox"/>
S	FINNEGAN, THOMAS, J, JR	1295 STATE ST.	SPRINGFIELD, MA 00000	<input checked="" type="checkbox"/>
T	BIXBY, ALLAN B	1295 STATE STREET	SPRINGFIELD, MA 00000	<input checked="" type="checkbox"/>
C	BURKETT, LAWRENCE V. J	1295 STATE STREET	SPRINGFIELD, MA 00000	<input checked="" type="checkbox"/>
C	MILLER, JAMES E.	1295 STATE ST	SPRINGFIELD MA	<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
C, D	Leonard D. Schaeffer	21555 Oxnard Street	Woodland Hills, CA 91367	<input checked="" type="checkbox"/>
P, D	D. Mark Weinberg	21555 Oxnard Street	Woodland Hills, CA 91367	<input checked="" type="checkbox"/>
S	Thomas C. Geiser	21555 Oxnard Street	Woodland Hills, CA 91367	<input checked="" type="checkbox"/>
T	Robert D. Kretschmer	21555 Oxnard Street	Woodland Hills, CA 91367	<input checked="" type="checkbox"/>
V	Stephen R. Bosworth	1350 Main Street	Springfield, MA 01103	<input checked="" type="checkbox"/>
V	James E. Miller	1350 Main Street	Springfield, MA 01103	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen R. Bosworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Bosworth

5/21/96
(413)858-5284

Date Daytime Phone #

CR2E034 (12/95)

F-3-96
JR

846496

2-2

ATTACHMENT

Ronald A. Williams - Director

21555 Oxnard Street
Woodland Hills, CA 91367