

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 846496 (8)

1. Corporation Name  
UNICARE LIFE & HEALTH INSURANCE COMPANY

Principal Place of Business  
1350 MAIN ST.  
SPRINGFIELD MA 01103

Mailing Address  
1350 MAIN ST.  
SPRINGFIELD MA 01103-1628



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1980		3a. Date of Last Report 06/03/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 52-0913817		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24		25		29		30	

9. Name and Address of Current Registered Agent FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAEFFER, LEONARD D	1.2 NAME	Ronald A. Williams
STREET ADDRESS	21555 OXNARD ST.	1.3 STREET ADDRESS	21555 Oxnard Street
CITY-ST-ZIP	WOODLAND HILLS CA 91367	1.4 CITY-ST-ZIP	Woodland Hills, CA 91367
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, MARK D	2.2 NAME	Thomas C. Geiser
STREET ADDRESS	21555 OXNARD ST.	2.3 STREET ADDRESS	21555 Oxnard Street
CITY-ST-ZIP	WOODLAND HILLS CA 91367	2.4 CITY-ST-ZIP	Woodland Hills, CA 91367
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISER, THOMAS C	3.2 NAME	
STREET ADDRESS	21555 OXNARD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETSCHMER, ROBERT D	4.2 NAME	
STREET ADDRESS	21555 OXNARD ST.	4.3 STREET ADDRESS	200002162142
CITY-ST-ZIP	WOODLAND HILLS CA 91367	4.4 CITY-ST-ZIP	-05/01/97--01075--050
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	***165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JAMES E.	5.2 NAME	
STREET ADDRESS	1350 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01103	5.4 CITY-ST-ZIP	3000002162143
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	-05/01/97--01075--051 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	***8.75
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas C. Geiser REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)