

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 846496 (8)
1. Corporation Name
UNICARE LIFE & HEALTH INSURANCE COMPANY



Principal Place of Business 1350 MAIN ST. SPRINGFIELD MA 01103-1628	Mailing Address 1350 MAIN ST. SPRINGFIELD MA 01103-1628
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1980	
21 21555 Oxnard Street	26	Suite, Apt. #, etc.		4. FEI Number 52-0913817	Applied For <input type="checkbox"/> Not Applicable
22	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State Woodland Hills, CA		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 91367	25 Country USA	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				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	
				84	City

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFFER, LEONARD D	1.2 NAME	
STREET ADDRESS	21555 OXNARD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, MARK D	2.2 NAME	
STREET ADDRESS	21555 OXNARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	2.4 CITY-ST-ZIP	
TITLE	S <input 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	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RONALD A	5.2 NAME	
STREET ADDRESS	2155 OXNARD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA 91367	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 **RE** Thomas C. Geiser 1/26/98 (818) 703-2412

CRE034 (10/97)