


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 OCT 29 PM 3:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 846496

1. Corporation Name
UNICARE LIFE & HEALTH INSURANCE COMPANY

Principal Place of Business	Mailing Address
4553 LA TIENDA DRIVE THOUSAND OAKS CA 91362 US	4553 LA TIENDA DRIVE THOUSAND OAKS CA 91362 US



REINSTATEMENT

2001

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	07/15/1980
Suite, Apt. #, etc.	1 WellPoint Way	5. FEI Number	52-0913817
City & State	Thousand Oaks, CA	Applied For	Not Applicable
Zip	91362	Country	USA
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	SCHAEFFER, LEONARD D	1 WELLPOINT WAY	THOUSAND OAKS CA 91362
PDC	WEINBERG, MARK D	1 WELLPOINT WAY	THOUSAND OAKS CA 91362 LS
S	GEISER, THOMAS C	1 WELLPOINT WAY	THOUSAND OAKS CA 91362
VB	WILLIAMS, RONALD A	1 WELLPOINT WAY	THOUSAND OAKS CA 91362
D	Colby, David C.	1 WELLPOINT WAY	THOUSAND OAKS CA 91362
T	KRETSCHMER, R D	1 WELLPOINT WAY	THOUSAND OAKS CA 91362
AS	KELLY, ROBERT A	1 WELLPOINT WAY	THOUSAND OAKS CA 91362

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FLORIDA STATE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *DAVID I. FARBER* **DAVID I. FARBER ASSISTANT SECRETARY**

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 -11/07/01--01005--006
 Date: ***726/01*** 750.00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Robert A. Kelly* **SIGNATURE REQUIRED**

10/23/01 (805) 557-6112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)