

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **846496**

1. Entity Name

UNICARE LIFE & HEALTH INSURANCE COMPANY

Principal Place of Business

**4553 LA TIENDA DRIVE
THOUSAND OAKS CA 91362
US**

Mailing Address

**1 WELLPOINT WAY
THOUSAND OAKS CA 91362**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-0913817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

8. The above named corporation has submitted this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SCHAEFFER, LEONARD D 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WEINBERG, MARK D 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEISER, THOMAS C 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLBY, DAVID C 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRETSCHMER, R D 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KELLY, ROBERT A 1 WELLPOINT WAY THOUSAND OAKS CA 91362	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Leonard D. Schaeffer 1 WellPoint Way Thousand Oaks, CA 91362	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President and CEO & Director Sandra A. Van Trease 1831 Chestnut Street St. Louis, MO 63103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300005183583--0 -04/02/02--01060--003 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment for additions	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert A. Kelly

3/19/02

805-557-6112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

02 MAR 22 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

UNICARE Life & Health Insurance Company
Florida 2002 Uniform Business Report
Section 11
Additional Directors and Officers

Additional Directors:

John A. O'Rourke
1831 Chestnut Street
St. Louis, MO 63103

Woodrow A. Myers, Jr.
1 WellPoint Way
Thousand Oaks, CA 91362

Additional Officers:

Name

Title

John A. O'Rourke
1831 Chestnut Street
St. Louis, MO 63103

Chairman of the Board

Joan E. Herman
1 WellPoint Way
Thousand Oaks, CA 91362

Executive Vice President

Woodrow A. Myers, Jr.
1 WellPoint Way
Thousand Oaks, CA 91362

Executive Vice President

Darrell Lindgren
1831 Chestnut Street
St. Louis, MO 63103

Chief Financial Officer

Kenneth C. Zurek
4553 La Tienda Drive
Thousand Oaks, CA 91362

Controller

Susanne Carter Peck
1350 Main Street
Springfield, MA 01103

Assistant Secretary

Angela F. Braly
1831 Chestnut Street
St. Louis, MO 63103

Assistant Secretary

CT CORPORATION

CORPORATION(S) NAME

Unicare Life & Health Insurance Company

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/21/02

Order#: 5214820

Ref#:

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

RECEIVED
02 MAR 22 PM 3:15
TALLAHASSEE, FL 32301
DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA