

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 846496

FILED
Mar 23, 2006
Secretary of State

Entity Name: UNICARE LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

4553 LA TIENDA DRIVE
THOUSAND OAKS, CA 91362 US

New Principal Place of Business:

Current Mailing Address:

1 WELLPOINT WAY
THOUSAND OAKS, CA 91362

New Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

FEI Number: 52-0913817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHIEF FINANCIAL OFFICER

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHAEFFER, LEONARD D
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: PDCE () Delete
Name: VAN TREASE, SANDRA A
Address: 1831 CHESTNUT STREET
City-St-Zip: ST LOUIS, MO 63103

Title: S () Delete
Name: GEISER, THOMAS C
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: D () Delete
Name: COLBY, DAVID C
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: T () Delete
Name: KRETSCHMER, R D
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: AS () Delete
Name: KELLY, ROBERT A
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BRALY, ANGELA F
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: PD (X) Change () Addition
Name: FIELDS, DAVID W
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S (X) Change () Addition
Name: PURCELL, NANCY L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: DCFO (X) Change () Addition
Name: COLBY, DAVID C
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T (X) Change () Addition
Name: KRETSCHMER, R D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: AS (X) Change () Addition
Name: EASON, MELISSA A
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L. PURCELL

Electronic Signature of Signing Officer or Director

SECY

03/23/2006

Date