

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846496

FILED
Jan 20, 2011
Secretary of State

Entity Name: UNICARE LIFE & HEALTH INSURANCE COMPANY

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

New Principal Place of Business:

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

New Mailing Address:

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
200 EAST GAINES STREET
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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: KIEFER, KATHLEEN S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: DP
Name: CASEY, DENNIS W
Address: 220 VIRGINIA AVENUE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: KELAGHAN, CATHERINE I
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: DEVEYDT, WAYNE S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T
Name: KRETSCHMER, ROBERT D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D
Name: KEARNEY, LINDA M
Address: 106 E. SIXTH STREET, SUITE 333
City-St-Zip: AUSTIN, TX 78701

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

S

01/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date