

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 846496

**Entity Name:** UNICARE LIFE & HEALTH INSURANCE COMPANY

**Current Principal Place of Business:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

220 VIRGINIA AVENUE  
INDIANAPOLIS, IN 46204 US

**FEI Number:** 52-0913817

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title SECRETARY  
Name KIEFER, KATHLEEN SUSAN  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name NOBILE, PAUL CHRISTOPHER  
Address N17 W24340 RIVERWOOD DRIVE  
City-State-Zip: WAUKESHA WI 53188

Title DIRECTOR  
Name KELAGHAN, CATHERINE IRENE  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR  
Name PENCZEK, RONALD WILLIAM  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT EDWARD  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, ASST. SECRETARY  
Name KEARNEY, LINDA MARIE  
Address 823 CONGRESS AVENUE SUITE 400  
City-State-Zip: AUSTIN TX 78701

Title ASSISTANT TREASURER  
Name NOBLE, ERIC (RICK) KENNETH  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, VP  
Name COLTON, JENNY ELLEN  
Address 823 CONGRESS AVENUE SUITE 400  
City-State-Zip: AUSTIN TX 78701

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*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

**SECRETARY**

**04/30/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR AND ASSISTANT SECRETARY  
Name            BEEBE, STEPHEN DOUGLAS  
Address        4361 IRWIN SIMPSON ROAD  
City-State-Zip: MASON OH 45040