

2021 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 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 ASSISTANT TREASURER
Name NOBLE, ERIC (RICK) KENNETH
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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

Title DIRECTOR
Name BENINTENDI, LAURIE HELM
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

Title DIRECTOR AND VICE PRESIDENT
Name RIVAS, MARIA LOURDES
Address 9250 W. FLAGLER STREET SUITE 600
City-State-Zip: MIAMI FL 33174

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

03/22/2021

Electronic Signature of Signing Officer/Director Detail

Date