## **2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 846496** 

Entity Name: UNICARE LIFE & HEALTH INSURANCE COMPANY

FILED
May 04, 2020
Secretary of State
9894014883CC

## **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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title SECRETARY Title DIRECTOR, PRESIDENT AND CHIEF

KIEFER, KATHLEEN SUSAN EXECUTIVE OFFICER

Name NOBILE, PAUL CHRISTOPHER
Address 220 VIRGINIA AVENUE

Address N17 W24340 RIVERWOOD DRIVE
City-State-Zip: INDIANAPOLIS IN 46204

City-State-Zip: WAUKESHA WI 53188

Title DIRECTOR

Name PENCZEK, RONALD WILLIAM

Address 220 VIRGINIA AVENUE Name SCHER, VINCENT EDWARD

Address 220 VIRGINIA AVENUE Address 220 VIRGINIA AVENUE

City-State-Zip: INDIANAPOLIS IN 46204 City-State-Zip: INDIANAPOLIS IN 46204

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Title ASSISTANT TREASURER Title DIRECTOR, VP

Name NOBLE, ERIC (RICK) KENNETH Name COLTON, JENNY ELLEN

Address 220 VIRGINIA AVENUE Address 823 CONGRESS AVENUE

City-State-Zip: INDIANAPOLIS IN 46204 SUITE 400

City-State-Zip: AUSTIN TX 78701
Title DIRECTOR AND ASSISTANT

SECRETARY Title DIRECTOR

Name BEEBE, STEPHEN DOUGLAS Name BENINTENDLA

Address 4361 IRWIN SIMPSON ROAD Address 4361 IRWIN SIMPSON ROAD Address 4361 IRWIN SIMPSON ROAD

City-State-Zip: MASON OH 45040 City-State-Zip: MASON OH 45040

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 SUSAN KIEFER SECRETARY 05/04/2020