2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846496

Entity Name: UNICARE LIFE & HEALTH INSURANCE COMPANY

FILED Apr 30, 2015 Secretary of State CC7770833858

Current Principal Place of Business:

120 MONUMENT CIRCLE INDIANAPOLIS. IN 46204

Current Mailing Address:

120 MONUMENT CIRCLE 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 DIRECTOR AND SECRETARY

Name KIEFER, KATHLEEN SUSAN

Address 120 MONUMENT CIRCLE

City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR

Name KELAGHAN, CATHERINE IRENE

Address 120 MONUMENT CIRCLE

City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER

Name KRETSCHMER, ROBERT DAVID

Address 120 MONUMENT CIRCLE

City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT TREASURER

Name NOBLE, ERIC (RICK) KENNETH

Address 120 MONUMENT CIRCLE

City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, PRESIDENT AND CHIEF

EXECUTIVE OFFICER

Name SCHREIBER, LAWRENCE GLENN

Address N17 W24340 RIVERWOOD DRIVE

City-State-Zip: WAUKESHA WI 53188

Title DIRECTOR

Name DEVEYDT, WAYNE SCOTT

Address 120 MONUMENT CIRCLE

City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY

Name KEARNEY, LINDA MARIE

Address 823 CONGRESS AVENUE

SUITE 400

City-State-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 SECRETARY

Electronic Signature of Signing Officer/Director Detail

04/30/2015 Date