

**2022 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  
Name PENCZEK, RONALD WILLIAM  
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  
Name BENINTENDI, LAURIE HELM  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR, PRESIDENT AND CHIEF  
EXECUTIVE OFFICER  
Name NOBILE, PAUL CHRISTOPHER  
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 AND ASSISTANT  
SECRETARY  
Name BEEBE, STEPHEN DOUGLAS  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR AND VICE PRESIDENT  
Name RIVAS, MARIA LOURDES  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

*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****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date