

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 846496

Entity Name: UNICARE LIFE & HEALTH INSURANCE COMPANY**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 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 SCHER, VINCENT EDWARD
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 NOBILE, PAUL CHRISTOPHER
Address N17 W24340 RIVERWOOD DRIVE
City-State-Zip: WAUKESHA WI 53188

Title DIRECTOR
Name PENCZEK, RONALD WILLIAM
Address 120 MONUMENT CIRCLE
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 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****04/27/2018**

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