

**2013 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	S
Name	KIEFER, KATHLEEN S
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	DP
Name	CASEY, DENNIS W
Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	D
Name	KELAGHAN, CATHERINE I
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	D
Name	DEVEYDT, WAYNE S
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	T
Name	KRETSCHMER, ROBERT D
Address	120 MONUMENT CIRCLE
City-State-Zip:	INDIANAPOLIS IN 46204

Title	D
Name	KEARNEY, LINDA M
Address	106 E. SIXTH STREET, SUITE 333
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****04/12/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date