

1.) CORPORATION NAME:

UniCARE Life & Health Insurance Company

DUE DATE: **10/29/2010**

SCC ID NO: **F0373656**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 MONUMENT CIRCLE

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: R DAVID KRESTCHMER
TITLE: TREASURER
ADDRESS: 120 MONUMENT CIRCLE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER DIRECTOR

NAME: KATHLEEN S KIEFER
TITLE: SECRETARY
ADDRESS: 120 MONUMENT CIR
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER DIRECTOR

NAME: WAYNE S DEVEYDT
TITLE: DIRECTOR
ADDRESS: 120 MONUMENT CIR
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER DIRECTOR

NAME: CATHERINE I KELAGHAN
TITLE: DIRECTOR
ADDRESS: 120 MONUMENT CIR
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER DIRECTOR

NAME: DENNIS W CASEY
TITLE: PRES/CEO/D
ADDRESS: 220 VIRGINIA AVENUE
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204-

OFFICER DIRECTOR

OFFICER DIRECTOR

NAME: LINDA M KEARNEY
TITLE: ASST SECRETARY
ADDRESS: 106 E 6 STREET
 SUITE 333
CITY/ST/ZIP/CO: AUSTIN, TX 78701-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ KATHLEEN S KIEFER</u>	<u>KATHLEEN S KIEFER,</u>	<u>10/25/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.