

1.) CORPORATION NAME:

UniCARE Life & Health Insurance Company

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0373656**

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: DENNIS W CASEY TITLE: PRES/CEO/D ADDRESS: 220 VIRGINIA AVENUE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R DAVID KRESTCHMER TITLE: TREASURER ADDRESS: 120 MONUMENT CIRCLE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LINDA M KEARNEY TITLE: ASST SECRETARY ADDRESS: 106 E 6 STREET CITY/ST/ZIP/CO: SUITE 333 AUSTIN, TX 78701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KATHLEEN S KIEFER TITLE: SECRETARY ADDRESS: 120 MONUMENT CIR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WAYNE S DEVEYDT TITLE: DIRECTOR ADDRESS: 120 MONUMENT CIR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CATHERINE I KELAGHAN TITLE: DIRECTOR ADDRESS: 120 MONUMENT CIR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KATHLEEN S KIEFER, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>10/8/2013</u> DATE
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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.