

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850361

FILED  
Feb 17, 2010  
Secretary of State

Entity Name: HM LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

120 FIFTH AVENUE  
SUITE P6106  
PITTSBURGH, PA 152223099 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 535061  
120 FIFTH AVENUE STE P6108  
PITTSBURGH, PA 152535061 US

**New Mailing Address:**

FEI Number: 06-1041332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200  
200 E. GAINES ST  
TALLAHASSEE, FL 323990300 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: LEBISH, DANIEL J  
Address: 1826 MURDSTONE RD.  
City-St-Zip: PITTSBURGH, PA 15241 US

Title: P  
Name: SULLIVAN, MICHAEL W  
Address: 1511 BILTMORE LANE  
City-St-Zip: PITTSBURGH, PA 15217 US

Title: S  
Name: BITTNER, EDWARD A  
Address: 1782 DOMINION DR.  
City-St-Zip: PITTSBURGH, PA 15241 US

Title: VT  
Name: PALMIERI, DOMENIC  
Address: 664 ROLLING GREEN DR.  
City-St-Zip: BETHEL PARK, PA 15102 US

Title: VP  
Name: LANCELOTTI, MARK D  
Address: 557 OLD FAYETTE TRAIL  
City-St-Zip: OAKDALE, PA 15071 US

Title: VP  
Name: EVERSON-BUTLER, MARY  
Address: 215 MAPLEWOOD DR  
City-St-Zip: MCMURRAY, PA 15317 US

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: DOMENIC PALMIERI

VT

02/17/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date