

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850735

1. Entity Name

HCC LIFE INSURANCE COMPANY

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90136 049 ***150.00

Principal Place of Business

111 MONUMENT CIR
SUITE 4540
INDIANAPOLIS IN 46204

Mailing Address

13403 NW FREEWAY
ATTN: COMPLIANCE DEPT
HOUSTON TX 77040
US

Legal Dept.

000404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1817054**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	WILCOX, BENJAMIN D	
STREET ADDRESS	13403 NW FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	BRAMANTI, FRANK J	
STREET ADDRESS	13403 NW FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	ELLIS JR, EDWARD H	
STREET ADDRESS	13403 NW FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	DVCS	<input type="checkbox"/> Delete
NAME	MARTIN, CHRISTOPHER L	
STREET ADDRESS	13403 NW FREEWAY	
CITY-ST-ZIP	HOUSTON TX 77040	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, AMY M	
STREET ADDRESS	111 MONUMENT CIR STE 4540	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	LUND, TAMMY H	
STREET ADDRESS	650 TOWN CENTER DR., SUITE 1500	
CITY-ST-ZIP	COSTA MESA CA 92626	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/01

Date

713-690-7300

Daytime Phone #

CR2E034 (10/00)