2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850735

Entity Name: HCC LIFE INSURANCE COMPANY

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business:				New Princi	cipal Place of Business:		
13403 NOR HOUSTON,	THWEST FRE TX 77040	EEWAY					
Current Mailing Address:				New Mailing Address:			
13403 NORTHWEST FREEWAY ATTN: LEGAL DEPT HOUSTON, TX 77040 US				13403 NORTHWEST FREEWAY ATTN: D. GREEN - LEGAL DEPT. HOUSTON, TX 77040			
FEI Number:	35-1817054	FEI Number Applied For ()	FEI Num	ber Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US							
The above r in the State		ubmits this statement for the pur	rpose of	changing it	its registered office or registered agent, or both,		
SIGNATURE:							
	Electronic	c Signature of Registered Agent	t		Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KELBEL, CRAIG	DRIVE, STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VT () [OJHA, HAMENDI 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV () ELLIS JR, EDWA 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () [SIMMONS, JAME 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DV ()[MOLBECK, JOHI 13403 NORTHW HOUSTON, TX 7	EST FREEWAY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	SANDERFORD, I	DRIVE, STE 200		Title: Name: Address: City-St-Zip:	DCFO (X) Change () Addition SANDERFORD, MARK R 225 TOWNPARK DRIVE, STE 200 KENNESAW, GA 30144		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES L SIMMONS S 01/24/2008