

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003078

FILED
Apr 26, 2012
Secretary of State

Entity Name: HCC MEDICAL INSURANCE SERVICES, LLC

Current Principal Place of Business:

251 N. ILLINOIS STREET
STE 600
INDIANAPOLIS, IN 46204

New Principal Place of Business:

Current Mailing Address:

C/O HCC SERVICE CO.- ATTN: D. GREEN
13403 NW FRWY
HOUSTON, TX 77040

New Mailing Address:

FEI Number: 20-3384567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CARNEY, MARK
Address: 251 N. ILLINOIS STREET, STE 600
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR
Name: WILLIAMS, CHRISTOPHER J
Address: 13403 NW FRWY
City-St-Zip: HOUSTON, TX 77040

Title: VS
Name: RINICELLA, RANDY D
Address: 13403 NW FRWY
City-St-Zip: HOUSTON, TX 77040

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RANDY D RINICELLA

VS

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date