

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003078

Entity Name: HCC MEDICAL INSURANCE SERVICES, LLC

Current Principal Place of Business:

251 NORTH ILLINOIS STREET
SUITE 600
INDIANAPOLIS, IN 46204

Current Mailing Address:

251 NORTH ILLINOIS STREET
SUITE 600
INDIANAPOLIS, IN 46204 US

FEI Number: 20-3384567

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MANAGER
Name WILLIAMS, CHRISTOPHER J.B.
Address 251 NORTH ILLINOIS STREET
 SUITE 600
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name OVERLAN, MATTHEW C.
Address 251 NORTH ILLINOIS STREET
 SUITE 600
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name LUDLOW, ALEXANDER
Address 251 NORTH ILLINOIS STREET
 SUITE 600
City-State-Zip: INDIANAPOLIS IN 46204

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDER LUDLOW

MANAGER

06/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date