

2022 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	MEMBER
Name	HCC INSURANCE HOLDINGS, INC.
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, VICE PRESIDENT & SECRETARY
Name	LUDLOW, ALEXANDER
Address	251 NORTH ILLINOIS STREET SUITE 600
City-State-Zip:	INDIANAPOLIS IN 46204

Title	MANAGER
Name	RIVERA, SUSAN
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: LUDLOW , ALEXANDER**VICE PRESIDENT &
SECRETARY****03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date