

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003078

**Entity Name:** HCC MEDICAL INSURANCE SERVICES, LLC**Current Principal Place of Business:**251 N. ILLINOIS STREET  
STE 600  
INDIANAPOLIS, IN 46204**Current Mailing Address:**C/O HCC SERVICE CO.- ATTN: D. GREEN  
13403 NW FRWY  
HOUSTON, TX 77040**FEI Number:** 20-3384567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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	MGR
Name	WILLIAMS, CHRISTOPHER J
Address	13403 NW FRWY
City-State-Zip:	HOUSTON TX 77040

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

Title	MANAGER
Name	KELBEL, CRAIG J
Address	C/O HCC SERVICE CO. 13403 NW FRWY
City-State-Zip:	HOUSTON TX 77040

Title	PRESIDENT
Name	CARNEY, MARK
Address	251 N. ILLINOIS STREET STE 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RANDY D. RINICELLA****VP AND SECRETARY****01/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date