

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850361

**Entity Name:** HM LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

120 FIFTH AVENUE  
PAP-P6106  
PITTSBURGH, PA 15222-3099

**Current Mailing Address:**

PO BOX 535061  
PAP-P6106  
PITTSBURGH, PA 15253-5061 US

**FEI Number:** 06-1041332

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0300 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

**Officer/Director Detail :**

Title CEO, CHAIRMAN OF THE BOARD,  
DIRECTOR  
Name MERKEL, FREDERICK GERARD  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title S  
Name BITTNER, EDWARD AUGUST JR.  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name CRONIN, WILLIAM DENNIS  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name DOYLE, DENISE ANN  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name MATTER, DAVID MICHAEL  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name BENEVENTO, ANTHONY NICHOLAS  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name STALLKAMP, WILLIAM JOHN  
Address 120 FIFTH AVENUE  
SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

Title DIRECTOR  
Name BAUM, JOHN ROBERT PHD  
Address FIFTH AVENUE PLACE  
120 FIFTH AVE. SUITE P6106  
City-State-Zip: PITTSBURGH PA 15222-3099

**Continues on page 2**

*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 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 all other like empowered.*

**SIGNATURE:** DOMENIC PALMIERI

**TREASURER & CFO**

**04/24/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT, COO  
Name            DORAN, THOMAS ANTHONY  
Address        PO BOX 535061  
                  PAP-P6106  
City-State-Zip: PITTSBURGH PA 15253-5061

Title            DIRECTOR  
Name            BROTHERS, WILLIAM ANTHONY  
Address        PO BOX 535061  
                  PAP-P6106  
City-State-Zip: PITTSBURGH PA 15253-5061

Title            TREASURER, CFO  
Name            PALMIERI, DOMENIC  
Address        PO BOX 535061  
                  PAP-P6106  
City-State-Zip: PITTSBURGH PA 15253-5061

Title            DIRECTOR  
Name            TORRES, VICTOR  
Address        PO BOX 535061  
                  PAP-P6106  
City-State-Zip: PITTSBURGH PA 15253-5061