

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850361

**Entity Name:** HM LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

120 FIFTH AVENUE  
FAPHM-194B  
PITTSBURGH, PA 15222-3099

**Current Mailing Address:**

PO BOX 535061  
FAPHM-194B  
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 CHAIRMAN OF THE BOARD,  
DIRECTOR  
Name MERKEL, FREDERICK GERARD  
Address 120 FIFTH AVENUE  
City-State-Zip: PITTSBURGH PA 15222-3099

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

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

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

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

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

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

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

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*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:** CALEB L. KNIER

**CONTROLLER & CFO**

**04/22/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title COO  
Name PALMIERI, DOMENIC  
Address PO BOX 535061  
City-State-Zip: PITTSBURGH PA 15253-5061

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

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

Title TREASURER, CFO  
Name KNIER, CALEB LEE  
Address 120 FIFTH AVENUE  
City-State-Zip: PA PA 15222-3099