

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850735

**Entity Name:** HCC LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

225 TOWNPARK DRIVE  
SUITE 350  
KENNESAW, GA 30144

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC1129342874**

**Current Mailing Address:**

13403 NORTHWEST FREEWAY  
ATTN: D. GREEN - LEGAL DEPT.  
HOUSTON, TX 77040

**FEI Number: 35-1817054**

**Certificate of Status Desired: No**

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

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 DP  
Name KELBEL, CRAIG J  
Address 225 TOWNPARK DRIVE,  
SUITE 350  
City-State-Zip: KENNESAW GA 30144

Title VCFO  
Name SANDERFORD, MARK R  
Address 225 TOWNPARK DRIVE, STE 350  
City-State-Zip: KENNESAW GA 30144

Title DV  
Name WILLIAMS, CHRISTOPHER J  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

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

Title VT  
Name LEE, JONATHAN  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

*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: RANDY D. RINICELLA**

**VP AND SECRETARY**

**01/24/2013**

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

\_\_\_\_\_  
Date