

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 851129

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5136494996CC**

**Entity Name:** HEALTHMARKETS INSURANCE COMPANY

**Current Principal Place of Business:**

1932 WYNNNTON ROAD  
TOWER - 18TH FLOOR  
COLUMBUS, GA 31999

**Current Mailing Address:**

1932 WYNNNTON ROAD  
TOWER - 18TH FLOOR  
COLUMBUS, GA 31999 US

**FEI Number:** 23-2850522

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
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 DIRECTOR, CEO, PRESIDENT  
Name AMOS, DANIEL P.  
Address 1932 WYNNNTON ROAD  
City-State-Zip: COLUMBUS GA 31999

Title S, VP  
Name LOUDERMILK, J. MATTHEW  
Address 1932 WYNNNTON ROAD  
TOWER - 18TH FLOOR  
City-State-Zip: COLUMBUS GA 31999

Title DIRECTOR, CFO  
Name CRAWFORD, FREDERICK J.  
Address 1932 WYNNNTON ROAD  
City-State-Zip: COLUMBUS GA 31999

Title DIRECTOR, CHIEF ACCOUNTING OFFICER  
Name HOWARD, JUNE P  
Address 1932 WYNNNTON ROAD  
City-State-Zip: COLUMBUS GA 31999

*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:** J. MATTHEW LOUDERMILK

VP, S

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date