

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851129

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, PRESIDENT
Name MILLER, VIRGIL
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 TREASURER, DIRECTOR
Name BRODEN, MAX K.
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

Title CHAIRMAN, CEO, DIRECTOR
Name AMOS, DANIEL 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, SECRETARY

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date