

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851129

FILED
Jan 05, 2012
Secretary of State

Entity Name: HEALTHMARKETS INSURANCE COMPANY

Current Principal Place of Business:

9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180 US

New Principal Place of Business:

Current Mailing Address:

9151 BOULEVARD 26
NORTH RICHLAND HILLS, TX 76180 US

New Mailing Address:

FEI Number: 23-2850522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
PO BOX 6200 (32314-6200)
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CPD
Name: FASOLA, KENNETH J
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

Title: S
Name: SIMPSON, PEGGY G
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

Title: CFOD
Name: MAHMOOD, ALEC
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

Title: VD
Name: BIERMAN, RICHARD E
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

Title: VTD
Name: DUKE, DERRICK A
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

Title: D
Name: JACKSON, FRANKLIN
Address: 9151 BOULEVARD 26
City-St-Zip: NORTH RICHLAND HILLS, TX 76180 US

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: PEGGY G SIMPSON

S

01/05/2012

Electronic Signature of Signing Officer or Director

Date