

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000000776**

1. Entity Name

HEALTHCARE INSURANCE SERVICES SOUTHEAST, INC.

Principal Place of Business

Mailing Address

907 BARRA ROW, SUITE 101
DAVIDSON NC 28038907 BARRA ROW, SUITE 101
DAVIDSON NC 28038

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

28036

Country

Zip

28036

Country

4. FEI Number **74-2936839**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HELMS, THOMAS H	
STREET ADDRESS	907 BARRA ROW, SUITE 101	
CITY-ST-ZIP	DAVIDSON NC 28038	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, REX W	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLEARY, GEORGE W JR.	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE	CD	<input type="checkbox"/> Delete
NAME	GWALTNEY, WILLIAM F JR.	
STREET ADDRESS	820 GESSNER, SUITE 1000	
CITY-ST-ZIP	HOUSTON TX 77024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, THOMAS S.	
STREET ADDRESS	907 Barra Row, Suite 101	
CITY-ST-ZIP	Davidson, NC 28036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALTNEY, WILLIAM F., JR.	
STREET ADDRESS	820 Gessner, Suite 1000	
CITY-ST-ZIP	Houston, Texas 77024	
TITLE	Vice President (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAMELA S KIRKS	
STREET ADDRESS	907 Barra Row, Suite 101	
CITY-ST-ZIP	Davidson, NC 28036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex W. Martin

1/9/2001

Date

713-461-4000

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90032 034 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)