


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90066 016 \*\*\*150.00

<b>DOCUMENT # P35296</b> 1. Entity Name <b>HCSC INSURANCE SERVICES COMPANY, INC.</b>					
Principal Place of Business <b>300 EAST RANDOLPH STREET CHICAGO, IL 60601 US</b>			Mailing Address <b>300 EAST RANDOLPH STREET CHICAGO, IL 60601 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>73-1350270</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MCCASKEY, RAYMOND F 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Boulis, Paul S. 300 East Randolph Street Chicago, IL 60601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD TAGLI, JR, HUGO 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Foster, Martin G. 901 S. Central Expressway Richardson, TX 75080</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KENNEDY, BRIAN A 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Kidd, C. Wyndham 901 S. Central Expressway Richardson, TX 75080</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS LUBBEN, TOM 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Atwood, Karen 300 East Randolph Street Chicago, IL 60601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFF, SHERMAN M 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V;S Tagli, Jr. Hugo 300 East Randolph Street Chicago, IL 60601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS DEBORAH, JONES 300 EAST RANDOLPH STREET CHICAGO, IL 60601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Deborah Jones, Assistant Secretary</b> 4/17/06 312-653-7522 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT 40089011

#P35296

**HCSC INSURANCE SERVICES COMPANY  
2006 FOR PROFIT CORPORATION  
ANNUAL REPORT  
ADDITIONS TO OFFICERS AND DIRECTORS (continued)**

Title Name Street Address City-St-Zip	V Avner, Kenneth S. 300 East Randolph Street Chicago, IL 60601	Title Name Street Address City-St-Zip	V Hamilton, Jacqueline L. 300 East Randolph Street Chicago, IL 60601
Title Name Street Address City-St-Zip	SVP; CFO Bujak, Denise A. 300 East Randolph Street Chicago, IL 60601	Title Name Street Address City-St-Zip	V Shipley, Kurt B. 12800 Indian School Road Albuquerque, NM 87112
Title Name Street Address City-St-Zip	V Donaldson, Nancy L. 300 East Randolph Street Chicago, IL 60601	Title Name Street Address City-St-Zip	D Boudreaux, Gail K. 300 East Randolph Street Chicago, IL 60601
Title Name Street Address City-St-Zip	V Gurber, Tara D. 300 East Randolph Street Chicago, IL 60601	Title Name Street Address City-St-Zip	D Hemingway Hall, Patricia A. 300 East Randolph Street Chicago, IL 60601
Title Name Street Address City-St-Zip	V Hunt, Ellen M. 300 East Randolph Street Chicago, IL 60601	Title Name Street Address City-St-Zip	D Watrin, Elizabeth A. 12800 Indian School Road Albuquerque, NM 87112