2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812292

Entity Name: UNION SECURITY INSURANCE COMPANY

Current Principal Place of Business:

2323 GRAND BOULEVARD KANSAS CITY. MO 64108-2670

Current Mailing Address:

PO BOX 419052

KANSAS CITY. MO 64141-6052 US

FEI Number: 81-0170040 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST TALLAHASSEE, FL 32399-4201 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:

Name

Date Electronic Signature of Registered Agent

Title

FILED May 06, 2015

Secretary of State

CC6284650364

Date

SENIOR VICE PRESIDENT.

Officer/Director Detail :

Title PRESIDENT, CEO, DIRECTOR Title

GHENERAL COUNSEL, SECRETARY YAKRE, MILES BRIAN Name

Name BOWEN, KENNETH D. 2323 GRAND BOULEVARD Address

2323 GRAND BOULEVARD Address City-State-Zip: KANSAS CITY MO 64108-2670

City-State-Zip: KANSAS CITY MO 64108-2670

Title DIRECTOR, ASSISTANT TREASURER

ALMQUIST, STACIA N.

DIRECTOR, SENIOR VICE PRESIDENT PAGANO, CHRISTOPHER Name Name DUVALL, DIANNA D.

Address 2323 GRAND BOULEVARD

2323 GRAND BOULEVARD Address City-State-Zip: KANSAS CITY MO 64108-2670

City-State-Zip: KANSAS CITY MO 64108-2670

Title DIRECTOR, SENIOR VICE PRESIDENT Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Name LEMASTERS. STEVEN CRAIG 2323 GRAND BOULEVARD Address Address 2323 GRAND BOULEVARD

City-State-Zip: KANSAS CITY MO 64108-2670 City-State-Zip: KANSAS CITY MO 64108-2670

Title TREASURER, CHIEF FINANCIAL

OFFICER

MANGELSEN, TAMRHA (TAMMIE) Name

2323 GRAND BOULEVARD Address

City-State-Zip: KANSAS CITY MO 64108-2670

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.

05/06/2015 SIGNATURE: KENNETH D. BOWEN SECRETARY