## 2017 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

Electronic Signature of Registered Agent

Date

FILED May 01, 2017

**Secretary of State** 

CC2839147228

Officer/Director Detail:

Title PRESIDENT, CEO, DIRECTOR Title SECRETARY

NameSCHULTZ, TAMMY LYNNNameARAGON-CRUZ, JEANNIE AMYAddress440 MT. RUSHMORE ROADAddress501 W. MICHIGAN STREETCity-State-Zip:RAPID CITY SD 57709City-State-Zip: MILWAUKEE WI 53203

Title DIRECTOR Title VICE PRESIDENT, ASSISTANT

DZIADZIO, RICHARD

Name LAU, GARY L.
Address 2323 GRAND BOULEVARD

Address 501 W. MICHIGAN STREET
City-State-Zip: KANSAS CITY MO 64108-2670

ty-state-zip: MANSAS CITT IND 04108-2070 City-State-Zip: MILWAUKEE WI 53203

Title DIRECTOR

Name DEMMINGS, KEITH WARNER Name SEGUIN. PAULA

Address 2323 GRAND BOULEVARD 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, ASSISTANT SECRETARY Title DIRECTOR

MANCEL SEN. TAMBUA (TAMMIE) Name KURZROK, ERIC

Name MANGELSEN, TAMRHA (TAMMIE) Name KURZROK, ERIC

Address 2323 GRAND BOULEVARD Address 2323 GRAND BOULEVARD

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

SIGNATURE: JEANNIE AMY ARAGON-CRUZ

**SECRETARY** 

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date