

2013 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: Yes****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ROBERTS, JOHN S
Address	2323 GRAND BLVD
City-State-Zip:	KANSAS CITY MO 64108-2670

Title	VS
Name	BOWEN, KENNETH D
Address	2323 GRAND BLVD
City-State-Zip:	KANSAS CITY MO 64108-2670

Title	D
Name	PENINGER, MICHAEL J
Address	ONE CHASE MANHATTAN PLAZA
City-State-Zip:	NEW YORK NY 10005

Title	VTD
Name	YAKRE, MILES B
Address	2323 GRAND BOULEVARD
City-State-Zip:	KANSAS CITY MO 64108-2670

Title	D
Name	PAGANO, CHRISTOPHER J
Address	ONE CHASE MANHATTAN PLAZA
City-State-Zip:	NEW YORK NY 10005

Title	D
Name	LEMASTERS, S. CRAIG
Address	260 INTERSTATE CIRCLE NORTH SE
City-State-Zip:	ATLANTA GA 30339

Title	DIRECTOR
Name	WAGNER, SYLVIA
Address	ONE CHASE MANHATTAN PLAZA
City-State-Zip:	NEW YORK NY 10005

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: KENNETH D BOWEN**SECRETARY****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date