

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000000909

**Entity Name:** HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL  
RESERVE COMPANY**FILED**  
**Sep 23, 2016**  
**Secretary of State**  
**CC4652415607****Current Principal Place of Business:**300 EAST RANDOLPH  
CHICAGO, IL 60601**Current Mailing Address:**300 EAST RANDOLPH  
CHICAGO, IL 60601**FEI Number: 36-1236610****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 32314-6200  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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	CEO
Name	STEINER, PAULA A
Address	300 EAST RANDOLPH
City-State-Zip:	CHICAGO IL 60601

Title	VCFO
Name	AVNER, KENNETH S
Address	300 EAST RANDOLPH
City-State-Zip:	CHICAGO IL 60601

Title	SVP
Name	BETTS, STEVEN
Address	300 EAST RANDOLPH
City-State-Zip:	CHICAGO IL 60601

Title	T
Name	MALLON, GERARD T
Address	300 EAST RANDOLPH
City-State-Zip:	CHICAGO IL 60601

*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: GERARD T. MALLON****TREASURER****09/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date