2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2015
Secretary of State
CC0365860425

DOCUMENT# P26581

Entity Name: UNITED CONCORDIA INSURANCE COMPANY

Current Principal Place of Business:

4401 DEER PATH ROAD
HARRISBURG, PA 17110

Current Mailing Address:

4401 DEER PATH ROAD
HARRISBURG, PA 17110 US

FEI Number: 86-0307623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, DIRECTOR
Name	SULLIVAN, MICHAEL W
Address	120 5TH AVENUE PLACE
City-State-Zip:	PITTSBURGH PA 15222

Title	DIRECTOR
Name	CRONIN, WILLIAM D
Address	120 5TH AVE PLACE
City-State-Zip:	PITTSBURGH PA 15222

Title	S
Name	BITTNER, EDWARD AJR
Address	120 FIFTH AVE
City-State-Zip:	PITTSBURGH PA 15222

Title	DIRECTOR
Name	MATTER, DAVID M.
Address	201 MCLEAN PLACE
City-State-Zip:	PITTSBURGH PA 15217

Title	T
Name	WRIGHT, DANIEL J
Address	4401 DEER PATH RD
City-State-Zip:	HARRISBURG PA 17110

Title	P
Name	MERKEL, FREDERICK G
Address	4401 DEER PATH RD
City-State-Zip:	HARRISBURG PA 17110

Title	DIRECTOR
Name	LIEBLEIN, KELLY S
Address	1800 CENTER STREET
City-State-Zip:	CAMP HILL PA 17089

Title	DIRECTOR
Name	MANN, JASON D
Address	31 BAYONNE DRIVE
City-State-Zip:	LITTLE ROCK AR 72223

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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: DANIEL J. WRIGHT TREASURER 03/30/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STALLKAMP, WILLIAM J
Address	303 OLD LISETER ROAD
City-State-Zip:	NEWTOWN SQUARE PA 19073