

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

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

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

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

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

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

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

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

|                 |                             |
|-----------------|-----------------------------|
| Title           | DIRECTOR                    |
| Name            | ABRAMOWITZ, CRAIG S. D.D.S. |
| Address         | 4401 DEER PATH ROAD         |
| City-State-Zip: | HARRISBURG PA 17110         |

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****CFO & TREASURER****04/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date