

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215546144

1.) CORPORATION NAME:

**HCC Life Insurance Company**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0399396**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 225 TOWN PARK DRIVE  
SUITE 350

CITY/ST/ZIP: KENNESAW, GA 30144

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	CRAIG J KELBEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	225 TOWN PARK DR STE 350		
CITY/ST/ZIP/CO:	KENNESAW, GA 30144-5509		

NAME:	RANDY D RINICELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13403 NW FRWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	ANDREW RITCHIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	225 TOWN PARK DR SUITE 350		
CITY/ST/ZIP/CO:	KENNESAW, GA 30144		

NAME:	MARK R. SANDERFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP & CFO		
ADDRESS:	225 TOWN PARK DR STE 350		
CITY/ST/ZIP/CO:	KENNESAW, GA 30144-5509		

NAME:	CHRISTOPHER JB WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	13403 NORTHWEST FREEWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	ALEXANDER LUDLOW	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	13403 NORTHWEST FREEWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	MARK CARNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	251 N. ILLINOIS ST.		
CITY/ST/ZIP/CO:	SUITE 600 INDIANAPOLIS, IN 46204		

NAME:	BRAD IRICK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13403 NORTHWEST FREEWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ ALEXANDER LUDLOW</u>	<u>ALEXANDER LUDLOW,</u>	<u>12/31/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.