RI SOS Filing Number: 201181815780 Date: 09/01/2011 4:06 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2011

1. ID No. 000272808

2. Exact Name of the Limited Liability Company HCC Medical Insurance Service, LLC

3. State of Formation

State: WI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE SERVICES

5. Principal Office Address

No. and Street: 251 NORTH ILLINOIS STREET
SUITE 600
City or Town: INDIANAPOLIS State: IN Zip: 46204 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DEBRA GREEN Contact Title:
No. and Street: C/O HCC SERVICE COMPANY
13403 NW FRWY
City or Town: HOUSTON State: TX Zip: 77040 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CRAIG J. KELBEL	225 TOWN PARK DR., STE. 200 KENNESAW, GA 30144 USA
MANAGER	MARK CARNEY	251 N ILLINOIS ST, STE 600 INDIANAPOLIS, IN 46204 USA
MANAGER	RANDY D. RINICELLA	13403 NORTHWEST FRWY HOUSTON, TX 77040 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of September, 2011 at 4:08:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RANDY D. RINICELLA
Signature of Authorized Person

Form No. 632
Revised 09/07