



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:** 2015

**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: Contact Title:

No. and Street: 251 NORTH ILLINOIS STREET  
SUITE 600

City or Town: INDIANAPOLIS State: IN Zip: 46204 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	ALEXANDER LUDLOW	13403 NORTHWEST FREEWAY HOUSTON, TX 77040 US
MANAGER	CHRISTOPHER J WILLIAMS	13403 NORTHWEST FREEWAY HOUSTON, TX 77040 USA
MANAGER	MATTHEW OVERLAN	401 EDGEWATER PLACE, SUITE 400 WAKEFIELD, MA 01880 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. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 13 Day of November, 2015 at 11:33:33 AM 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 ALEXANDER LUDLOW  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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