

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000001503

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC3613146150**

**Entity Name:** HILLSTAR INSURANCE COMPANY

**Current Principal Place of Business:**

2555 EAST 55TH PLACE  
SUITE 209  
INDIANAPOLIS, IN 46220

**Current Mailing Address:**

3700 COLONNADE PARKWAY  
BIRMINGHAM, AL 35243

**FEI Number:** 31-1358834

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S 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:** NO NAME

04/12/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FASKING, GREGORY  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

Title CFOD  
Name SMITH, ROGER  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

Title SD  
Name SIMON, SAMUEL J  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

Title AT  
Name CLARK, MARY LINN  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

Title D  
Name GOBER, JAMES R  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

Title D  
Name GODWIN, GLEN N  
Address 3700 COLONNADE PARKWAY  
City-State-Zip: BIRMINGHAM AL 35243

*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:** MARYLINN CLARK

**ASSISTANT TREASURER** 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date