

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-01-2004 90001 037 ****70.00

DOCUMENT # P23756 1. Entity Name MAYO INSURANCE COMPANY LIMITED			
Principal Place of Business PO BOX 1826 VICTORIA HALL HAMILTON HM HX, BERMUDA, BA		Mailing Address PO BOX 1826 VICTORIA HALL HAMILTON HM HX, BERMUDA, BA	
2. Principal Place of Business PO Box 1051 GT Suite, Apt. #, etc. FIRST CARIBBEAN HOUSE, 3RD FLOOR.		3. Mailing Address PO Box 1051 GT Suite, Apt. #, etc. FIRST CARIBBEAN HOUSE, 3RD FLOOR.	
City & State SHELDON ROAD, GRAND CAYMAN Zip CAYMAN ISLANDS		City & State SHELDON ROAD, GRAND CAYMAN Zip CAYMAN ISLANDS	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent MARTIN, JOANNE L. 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRELL, JOHN H. 200 FIRST ST SW ROCHESTER, MN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLTON, JEFFREY 200 FIRST ST SW ROCHESTER, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FRIEND, DAVID 11 VICTORIA HALL, VICTORIA STREET HAMILTON, BERMUDA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOFFMAN, HARRY 200 FIRST ST SW ROCHESTER, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STENHAUG, STEVEN 200 FIRST ST SW ROCHESTER, MN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEW HAUG, STEVEN 200 FIRST ST SW ROCHESTER, MN (is director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, JOANNE L 200 FIRST ST SW ROCHESTER, MN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, JOANNE L 200 FIRST ST SW ROCHESTER, MN (is director)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAINE, KATHRYN BELVEDERE BLDG HAMILTON, BERMUDA HMC	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OVIATT, JONATHAN 200 FIRST ST SW, ROCHESTER, MN.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, WENDY W 200 FIRST ST SW ROCHESTER, MN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIVAN, SEAMUS 3RD FLOOR, FIRST CARIBBEAN HOUSE, SHELDON ROAD GEORGETOWN, GRAND CAYMAN
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>C Wheeler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>17 June 2004</u> Daytime Phone #: <u>345 914 5730</u>	

Set
SEPARATE

Attachment 66428809

~~_____~~
#P23756

Box 11 on Form P23756

Entity Mayo Insurance Company Limited

Both the following are additions to the officers (AS = assistant secretary) ~~_____~~

TITLE	AS
NAME	Gauld, Chiara
STREET ADDRESS	3 rd Floor. First Caribbean House, Shedden Rd, George Town. Grand Cayman.

TITLE	AS
NAME	Wheeler, Clare
STREET ADDRESS	3 rd Floor. First Caribbean House, Shedden Rd, George Town. Grand Cayman.
