

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003185

Entity Name: MAG MUTUAL INSURANCE AGENCY, LLC**Current Principal Place of Business:**3535 PIEDMONT ROAD NE
BUILDING 14, SUITE 1000
ATLANTA, GA 30305-1518**Current Mailing Address:**P. O. BOX 52979
ATLANTA, GA 30355-0979 US**FEI Number:** 58-1492661**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANTERBURY, STEVE
8427 SOUTHPARK CIRCLE
#130
ORLANDO, FL 32819 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:** STEVE CANTERBURY**04/06/2016**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name MORRELL, NEIL E S
Address 3535 PIEDMONT ROAD NE
 BUILDING 14, SUITE 1000
City-State-Zip: ATLANTA GA 30305-1518

Title VP
Name EDMUND, LYNCH E
Address 3535 PIEDMONT ROAD NE
 BUILDING 14, SUITE 1000
City-State-Zip: ATLANTA GA 30305-1518

Title CHAIRMAN
Name WILSON, JR., JOSEPH S MD
Address 3535 PIEDMONT ROAD NE
 BUILDING 14, SUITE 1000
City-State-Zip: ATLANTA GA 30305-1518

Title TREASURER
Name ANWAR, NAVEED
Address 3535 PIEDMONT ROAD NE
 BUILDING 14, SUITE 1000
City-State-Zip: ATLANTA GA 30305-1518

Title SECRETARY
Name CREGAN, JOSEPH L
Address 3535 PIEDMONT ROAD NE
 BUILDING 14, SUITE 1000
City-State-Zip: ATLANTA GA 30305-1518

Title MANAGER
Name ANDREWS, CATHERINE S MD
Address 3300 WINDY RIDGE PARKWAY
 #912
City-State-Zip: ATLANTA GA 30309

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH L CREGAN**SECRETARY****04/06/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date