

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010152

**Entity Name:** MEDICAL ASSOCIATION OF GEORGIA INSURANCE AGENCY, LLC

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**8283277674CC**

**Current Principal Place of Business:**

110 WEST RD STE 227  
TOWSON, MD 21204

**Current Mailing Address:**

110 WEST RD STE 227  
TOWSON, FL 21204 US

**FEI Number: 85-3108816**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MBR  
Name DATA TRACE PARTNERS V, LLC  
Address 110 WEST RD STE 227  
City-State-Zip: TOWSON MD 21204

Title AP  
Name REICHER, DAVID L  
Address 110 WEST RD STE 227  
City-State-Zip: TOWSON MD 21204

Title MBR  
Name MAG INSURANCE SOLUTIONS, LLC  
Address 1849 THE EXCHANGE STE 200  
City-State-Zip: ATLANTA GA 30339

*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: DAVID REICHER**

**PRESIDENT**

**04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date