

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834597

FILED
Aug 22, 2006
Secretary of State

Entity Name: MEDICAL SAVINGS INSURANCE COMPANY

Current Principal Place of Business:

5835 W. 74TH ST
INDIANAPOLIS, IN 462781757

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 68961
INDIANAPOLIS, IN 462680961

New Mailing Address:

FEI Number: 35-1975418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROONEY, J. PATRICK
Address: 7135 ALMADEN DR
City-St-Zip: INDIANAPOLIS, IN 46278

Title: PD () Delete
Name: SUTTLES, RANDAL E
Address: 6354 N. 575 E.
City-St-Zip: FRANKLIN, IN 46131

Title: S () Delete
Name: GREGG, SHARON M
Address: 288 SASSAFRAS DR
City-St-Zip: DANVILLE, IN 46122

Title: D () Delete
Name: CARR, PATRICK F
Address: 10922 BRIGANTINE DR
City-St-Zip: INDIANAPOLIS, IN 46256

Title: D () Delete
Name: NASSER, WILLIAM K
Address: 10662 WINTERWOOD
City-St-Zip: CARMEL, IN 46204

Title: D () Delete
Name: SULLIVAN, JOHN J
Address: 6019 BUCKSKIN CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MERCHANT, CHRISTINE R
Address: 7299 OAK COVER LANE
City-St-Zip: NOBLESVILLE, IN 46060

Title: T (X) Change () Addition
Name: DAVIS, BRIAN L
Address: 907 SILVER CREEK WAY
City-St-Zip: GREENWOOD, IN 46142

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON M. GREGG

S

08/22/2006

Electronic Signature of Signing Officer or Director

Date