

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834597

FILED  
May 09, 2008  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: SALIN, WILLIAM N  
Address: 8455 KEYSTONE CROSSING DR #100  
City-St-Zip: INDIANAPOLIS, IN 46240

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDP (X) Change ( ) Addition  
Name: ROONEY, J. PATRICK  
Address: 7135 ALMADEN DR  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: S (X) Change ( ) Addition  
Name: GREGG, SHARON M  
Address: 288 SASSAFRAS DRIVE  
City-St-Zip: DANVILLE, IN 46122

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

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

Title: D (X) Change ( ) Addition  
Name: PERRIN, DANIEL B  
Address: 9103 BAY PORT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46236

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

I hereby certify that the information supplied with this filing does not qualify 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

05/09/2008

Electronic Signature of Signing Officer or Director

Date