FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 27 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001386 (1)

1. Corporation Name
MID-AMERICA INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
714 MAIN ST. FT. WORTH TX 76102	714 MAIN ST. FT. WORTH TX 76102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:
2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: 58-1664363 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24): Country (25):
Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	MOORE, C. JAMES	1.2 NAME		
STREET ADDRESS	110 W. 7TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V/T	☒ Change ☐ Addition
NAME	MITHANI, MOHAMAD H	2.2 NAME	Jan M. Dittmar	
STREET ADDRESS	110 W. 7TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	SV	☒ Change ☐ Addition
NAME	MCDONALD, NANCY	3.2 NAME		
STREET ADDRESS	9200 WATSON RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63126	3.4 CITY-ST-ZIP		
TITLE	VAS	4.1 TITLE		☐ Change ☐ Addition
NAME	GREER, DEBORAH V	4.2 NAME		
STREET ADDRESS	714 MAIN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102	4.4 CITY-ST-ZIP		
TITLE	AVS	5.1 TITLE		☐ Change ☐ Addition
NAME	MARRAZZO, ROSS A	5.2 NAME		
STREET ADDRESS	714 MAIN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D/VC	☒ Change ☐ Addition
NAME	HOOVER, EARL J JR	6.2 NAME	Paul A. Finkel	
STREET ADDRESS	714 MAIN ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. WORTH TX 76102	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Ross A. Marrazzo 1/17/95 817-390-1205
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ON DIRECTION — Date — Daytime Phone #

0302020 CP