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May 13, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001386 (1)

1. Corporation Name

MID-AMERICA INSURANCE SERVICES, INC.

Principal Place of Business 307 WEST 7TH STREET SUTIE 400 FT. WORTH, TX 76102	Mailing Address 300 ST. PAUL PLACE BALTIMORE, MD 21202
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1994

4. FEI Number

58-1664363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

Trust Fund Contribution

☐

8. This corporation owes the current year Intangible Personal

Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	WATSON, CHRISTOPHER E	
STREET ADDRESS	388 GREENWICH ST. 21ST FLOOR	
CITY - ST - ZIP	NEW YORK, NY 10013	

TITLE	SVPTD	<input type="checkbox"/> DELETE
NAME	ZIEGLER, KENT W	
STREET ADDRESS	388 GREENWICH ST. 21ST FLOOR	
CITY - ST - ZIP	NEW YORK, NY 10013	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	INGBER, A.L.	
STREET ADDRESS	75 HOLLY HILL LANE	
CITY - ST - ZIP	GREENWICH, CT 06803	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BANTIS, SPIRO K	
STREET ADDRESS	388 GREENWICH ST. 21ST FLOOR	
CITY - ST - ZIP	GREENWICH, CT 10013	

TITLE	V	<input type="checkbox"/> DELETE
NAME	FRITTS, SCOTT	
STREET ADDRESS	388 GREENWICH ST. 2DST FLOOR	
CITY - ST - ZIP	GREENWICH, CT 10013	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Alan L. Ingber* ALAN L. INGBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ /99

410 332-3000

Date

Daytime Phone #