


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb-03, 2005 08:00 AM
Secretary of State**

DOCUMENT # F94000001386 1. Entity Name MID-AMERICA INSURANCE SERVICES, INC.	
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Principal Place of Business 307 WEST 7TH STREET SUITE 400 FT. WORTH, TX 76102 US	Mailing Address 300 ST PAUL PLACE BALTIMORE, MD 21202 US
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01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1664363	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WATSON, CHRISTOPHER E 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGBER, A L 75 HOLLY HILL LANE GREENWICH, CT 06803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZIEGLER, KENT W 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM JONES, JOHN I 300 ST. PAUL PLACE BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANTIS, SPIRO K 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITTS, SCOTT 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	John I. Jones	1/19/04	410-332-3000
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