


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 033 ***150.00

DOCUMENT # F94000001386 1. Entity Name MID-AMERICA INSURANCE SERVICES, INC.					
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		
2. Principal Place of Business 3001 Meacham Blvd.		3. Mailing Address Suite, Apt. #, etc. Suite 200			
City & State Fort Worth, TX		City & State _____		4. FEI Number 58-1664363	
Zip 76137		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WATSON, CHRISTOPHER E 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Carolyn Sue McCormick 3001 Meacham Blvd., Suite 110 Fort Worth, TX 76137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP INGBER, A L 75 HOLLY HILL LANE GREENWICH, CT 06803	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Patricia Ellen David 3001 Meacham Blvd., Suite 110 Fort Worth, TX 76137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT ZIEGLER, KENT W 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Paula Dee Larkin 3001 Meacham Blvd., Suite 110 Fort Worth, TX 76137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TM JONES, JOHN I 300 ST. PAUL PLACE BALTIMORE, MD 21202	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS (Asst. Secretary) _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BANTIS, SPIRO K 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Gregg Henry Lehman 3001 Meacham Blvd., Suite 110 Fort Worth, TX 76137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITTS, SCOTT 388 GREENWICH ST, 21ST FLOOR NEW YORK, NY 10013	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			John I. Jones 1/12/06 (410)332-3361 Date Daytime Phone #		