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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005166 (3)

1. Corporation Name
MARYLAND NETHERLANDS CREDIT INSURANCE COMPANY

Principal Place of Business
210 NORTH CHARLES STREET
BALTIMORE MD 21201

Mailing Address
210 NORTH CHARLES STREET
BALTIMORE MD 21201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1994
3a. Date of Last Report:
4. FEI Number: 51-1807914 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business — 21 / Suite, Apt. #, etc. — 22 / City & State — 23 / Zip — 24 / Country — 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. — 27 / City & State — 28 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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 ______

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HECKATHORN, GLEN J	1.2 NAME	
STREET ADDRESS	210 NORTH CHARLES STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	NIJHOUT, ROBERT M	2.2 NAME	
STREET ADDRESS	210 NORTH CHARLES STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21201	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KEENAN, JAMES I JR	3.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE/PO BOX 1227	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21203	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GALLAGHER, JOSEPH J	4.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE/PO BOX 1227	4.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21203	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, CARROLL J	5.2 NAME	
STREET ADDRESS	300 ST. PAUL PLACE/PO BOX 1227	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21203	5.4 CITY-ST-ZIP	
TITLE	VC	6.1 TITLE	☐ Change ☐ Addition
NAME	HOBLITZELL, ALAN P	6.2 NAME	
STREET ADDRESS	11000 BROKEN LAND PARWAY/THE RYLAND GROUP	6.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA MD 21044-2562	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: [signature] 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0397403 FP