

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90072 030 ***150.00

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1. Entity Name

MADISON INSURANCE COMPANY



Principal Place of Business

**303 PEACHTREE STREET NE
STE 700
ATLANTA GA 30308**

Mailing Address

**P O BOX 4418
MC 630
ATLANTA GA 30302**

94038521



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2258882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOMA ARTER, CATHY
200 S ORANGE AVE
MAIL CODE 1093 9TH FLOOR
ORLANDO FL 32801**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME JAMISON, DEBORAH A
STREET ADDRESS 1249 STILLWATER DRIVE
CITY-ST-ZIP ATLANTA GA 30306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARRIETA, JORGE
STREET ADDRESS 2131 SUMTER LAKE DRIVE
CITY-ST-ZIP MARIETTA GA 30062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME GIDDENS, JOHN S
STREET ADDRESS 9010 NESBIT FERRY ROAD #227
CITY-ST-ZIP ALPHARETTA GA 30022

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME BALTZ, DANIEL
STREET ADDRESS 2090 MOCCASIN WAY
CITY-ST-ZIP MARIETTA GA 30064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPIEGEL, JOHN W
STREET ADDRESS 3043 NANCY CREEK RD, N.W.
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MEHBOOB, VELLANI
STREET ADDRESS 787 PORCE DE LEON TERRACE
CITY-ST-ZIP ATLANTA GA 30306

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel A. Baltz **Daniel A. Baltz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2004

Date

404-588-8344

Daytime Phone #