


2005 FOR PROFIT CORPORATION REINSTATEMENT

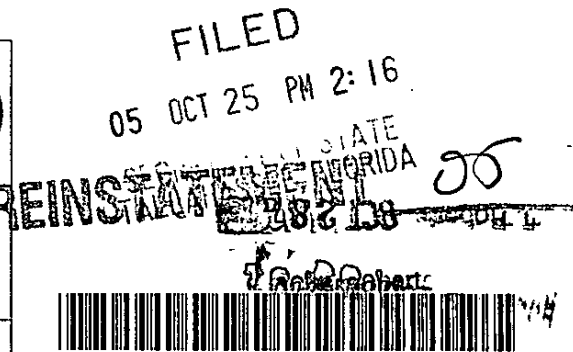
DOCUMENT # F96000005959		
1. Entity Name MADISON INSURANCE COMPANY		

Principal Place of Business 303 PEACHTREE STREET NE STE 700 ATLANTA, GA 30308	Mailing Address P O BOX 4418 MC 630 ATLANTA, GA 30302
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HOMA ARTHUR, CATHY 200 S ORANGE AVE MAIL CODE 1093 9TH FLOOR ORLANDO, FL 32801	
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10042005	REIN-P	CR2E098 (6/04)
4. FEI Number 58-2258882	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

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: <i>Cathy Homa Arthur</i>	DATE: 10-6-05

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JAMISON, DEBORAH A 1249 STILLWATER DRIVE ATLANTA, GA 30306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200060911000 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/25/05--01014--010 **750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARRIETA, JORGE 2131 SUMTER LAKE DRIVE MARIETTA, GA 30062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GIDDENS, JOHN S 9010 NESBIT FERRY ROAD #227 ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS Baltz, Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2007 Stone Pointe Drive Kennesaw, GA 30152
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BALTZ, DANIEL 2090 MOCCASIN WAY MARIETTA, GA 30064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Aaron Seiter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1218 Druid Knoll Drive Atlanta, GA 30319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPIEGEL, JOHN W 3043 NANCY CREEK RD, N.W. ATLANTA, GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Michael Kearney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4644 West Sorensen Drive Jacksonville, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MEHBOOB, VELLANI 787 PORCE DE LEON TERRACE ATLANTA, GA 30306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Sam M. Sant</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 10/4/05 DAYTIME PHONE #: 404-588-7595