

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # F96000005959 | |
| 1. Entity Name MADISON INSURANCE COMPANY | |



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| 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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| 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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| 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 |

3. 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

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| SIGNATURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 7. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fee |
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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 | <input type="checkbox"/> Change <input type="checkbox"/> Add 000000550313 05/13/06-80056-004 150.00 |
| 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"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS BALTZ, DANIEL 2087 STONE POINTE DR KENNASAW GA 30152 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS SEITER, AARON 1218 DRUID KNOLL DR ATLANTA GA 30319 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KEARNEY, MICHAEL 4644 WEST SENECA DR JACKSONVILLE FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| 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"/> Add |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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.

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| SIGNATURE: | 4/29/06 404-588-7595 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date Daytime Phone # |