

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005959

FILED
Jul 15, 2008
Secretary of State

Entity Name: MADISON INSURANCE COMPANY

Current Principal Place of Business:

303 PEACHTREE STREET NE
STE 700
ATLANTA, GA 30308

New Principal Place of Business:

Current Mailing Address:

P O BOX 4418
MC 630
ATLANTA, GA 30302

New Mailing Address:

FEI Number: 58-2258882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PENNINGTON, LAURIE A
200 S ORANGE AVE
MAIL CODE 1093 9TH FLOOR
ORLANDO, FL 32801 US

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.

SIGNATURE: LAURIE A. PENNINGTON

07/15/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JAMISON, DEBORAH A
Address: 1249 STILLWATER DRIVE
City-St-Zip: ATLANTA, GA 30306

Title: D () Delete
Name: ARRIETA, JORGE
Address: 2131 SUMTER LAKE DRIVE
City-St-Zip: MARIETTA, GA 30062

Title: SEC () Delete
Name: BALTZ, DANIEL
Address: 2087 STONE POINTE DR
City-St-Zip: KENNASAW, GA 30152

Title: AS () Delete
Name: SEITER, AARON
Address: 1218 DRVID KNOLL DR
City-St-Zip: ATLANTA, GA 30319

Title: D () Delete
Name: KEARNEY, MICHAEL
Address: 4644 WEST SENECA DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: TRES () Delete
Name: MEHBOOB, VELLANI
Address: 787 PORCE DE LEON TERRACE
City-St-Zip: ATLANTA, GA 30306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL BALTZ

SEC

07/15/2008

Electronic Signature of Signing Officer or Director

Date