08/12/2008 14:56 FAX

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State
07-21-2008 90026 030 ***150.00

DOCUMENT # F96000005959

1. Entity Name
MADISON INSURANCE COMPANY

66015987

Principal Place of Business	Mailing Address
303 PEACHTREE STREET NE STE 700 ATLANTA, GA 30308	P O BOX 4418 MC 638 ATLANTA, GA 30302

07092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P.O. Box 4418
Suite, Apt. #, etc.	Suite, Apt. #, etc. MC A+L-GA-690
City & State	City & State Atlanta, GA
Zip / Country	Zip 30302 / Country

4. FEI Number 58-2258882 ☐ Applied For ☐ Not Applicable

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 ARTHER CATHY 200 S ORANGE AVE MAIL CODE 1093 9TH FLOOR ORLANDO, FL 32801	Name: Laurie Pennington Street Address (P.O. Box Number is Not Acceptable): 200 South Orange Ave. Mail Code 1093 9th FL City: Orlando FL Zip Code: 32801

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: Laurie Pennington 8/12/08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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

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 30308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARRIETA, JORGE 2131 SUMTER LAKE DRIVE MARIETTA, GA 30062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BALTZ, DANIEL 2087 STONE POINTE DR KENNASAW, GA 30152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS SEITER, AARON 1218 DRVID KNOLL DR ATLANTA, GA 30319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEARNEY, MICHAEL 4844 WEST SENECA DR JACKSONVILLE, FL 32259	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES MEHBOOB, VELLANI 787 PORCE DE LEON TERRACE ATLANTA, GA 30308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 7/9/08 404-588-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #