

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F96000005959

**FILED**  
**Aug 20, 2009**  
**Secretary of State****Entity Name:** MADISON INSURANCE COMPANY**Current Principal Place of Business:**131 DUTCHMAN BLVD  
IRMO, SC 29063**New Principal Place of Business:****Current Mailing Address:**303 PEACHTREE ST. NE - STE. 3600  
C/O HASANA R. KELLY  
ATLANTA, GA 30308**New Mailing Address:**131 DUTCHMAN BLVD  
IRMO, SC 29063**FEI Number:** 58-2258882**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PRATT, LISA  
237 S WESTMONTE DR STE 307  
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**

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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**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:** ATLANTA, GA 30152**Title:** AS (X) Delete  
**Name:** SEITER, AARON  
**Address:** 1218 DRVID KNOLL DR  
**City-St-Zip:** ATLANTA, GA 30319**Title:** TRES (X) Delete  
**Name:** MEHBOOB, VELLANI  
**Address:** 787 PORCE DE LEON TERRACE  
**City-St-Zip:** ATLANTA, GA 30306**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** AROWOOD, ROBERT J  
**Address:** 131 DUTCHMAN BLVD.  
**City-St-Zip:** IRMO, SC 29063**Title:** SEC (X) Change ( ) Addition  
**Name:** JARNIGAN, GARY L  
**Address:** 131 DUTCHMAN BLVD.  
**City-St-Zip:** IRMO, SC 29063**Title:** CHAI (X) Change ( ) Addition  
**Name:** SIZEMORE, DOUGLAS M  
**Address:** 131 DUTCHMAN BLVD.  
**City-St-Zip:** IRMO, SC 29063**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:** ROBERT J. AROWOOD

PRES

08/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date