

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 016 ***150.00

DOCUMENT # F98000006103

1. Entity Name
MIIX INSURANCE COMPANY



Principal Place of Business

**TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

Mailing Address

**TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

440440JJ



04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3586488

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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

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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
COSTANTE, PATRICIA A
TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
WILLIAMS, CATHERINE E
TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SUGERMAN, ALLEN G
TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HIRSCH, PAUL J MD
TWO PRINCESS RD.
LAWRENCEVILLE, NJ 08648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANGELO, AGRO S MD
TWO PRINCESS RD
LAWRENCEVILLE, NJ 08648**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARNES, HARRY M MD
TWO PRINCESS RD
LAWRENCEVILLE, NJ 08648**

**DO NOT WRITE
IN THIS SPACE**

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:

Patricia A Costante

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2004 609-896-2404

Date

Daytime Phone #

Attachment 44044635
#F98000006103

Directors and Officers of MIIX Insurance Company
Currently on File

Title: Director
Name: Angelo Salvatore Agro
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: A. Richard Miskoff D.O.
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Scott L. Barbee
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Carl Restivo, Jr., M.D.
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Harry Marker Carnes, M.D.
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Martin Lawrence Sorger, M.D.
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Chairman & CEO
Name: Patricia A. Costante
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Chief Financial Officer & Treasurer
Name: Allen G. Sugerman
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Dominick D'Agosta
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Bessie Montalbano Sullivan
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Director
Name: Paul J. Hirsh, M.D.
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Title: Sr. VP & Corporate Secretary
Name: Catherine E. Williams
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648

Additional Officer of MIIX Insurance Company

Title: Sr. VP and General Counsel
Name: Verice M. Mason
Street/Address: Two Princess Road
City/State/Zip Lawrenceville, NJ 08648