

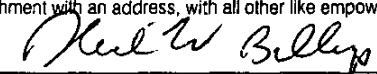


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90027 038 \*\*\*158.75

<b>DOCUMENT # F98000006547</b> 1. Entity Name <b>PROFESSIONALS ADVOCATE INSURANCE COMPANY</b>					
Principal Place of Business <b>225 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030</b>			Mailing Address <b>225 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>225 International Circle</b> <b>Box 8016</b> City & State <b>Hunt Valley, MD 21030</b> Zip      Country <b>21030</b>			
4. FEI Number <b>52-1473382</b>		Applied For <input type="checkbox"/> Not Applicable		01182005      Chg-P      CR2E034 (10/03)	
5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstalling)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROMAN, GEORGE E JR, MD 570 GREEN COURT CULPEPER, VA 22701	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Xinis, James J 100 Hospital Dr Prince Frederick MD 20678	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, MARTIN ADDS ST. JAMES-APT 304-3704 N CHARLES BALTIMORE, MD 212182305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. William Middelton Middelton, Limburg & Assoc.; 2360 W Joppa Suite 315, Lutherville, MD 210	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWITZ, DONALD M MD 19 MAXWELL RD RICHMOND, VA 23226	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald T. Lewers, M.D. 27303 Bailey's Neck Road Easton, MD 21601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTHINGTON, RANDALL P SR PO BOX 900 FOREST HILL, MD 21050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P David L. Murray 225 International Circle, Box 8016 Hunt Valley, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADC BILLINGS, NEIL 225 INTERNATIONAL CIRCLE BOX 8016 HUNT VALLEY, MD 21030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Mary Lura Duvall 225 International Circle, Box 8016 Hunt Valley, 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARNEY, STEPHEN P 225 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wesley M. Foster, Jr. 225 International Circle, Box 8016 Hunt Valley, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  1/25/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					

ATTACHMENT

#F98000006547  
50008963

12. Additions/Changes to officers and Directors in 11 (cont.)	
Vice President - Information Systems David D. Deithorn 225 International Circle, Box 8016 Hunt Valley, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Senior Vice President - Marketing Richard A. Walker 225 International Circle, Box 8016 Hunt Valley, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Assistant Vice President - Claims Beth A. Petree 225 International Circle, Box 8016 Hunt Valley, MD 21030	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition