2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N03000007719

Entity Name: MA REASSURANCE CORPORATION

Current Principal Place of Business:

10230 NW 11TH LN
GAINESVILLE, FL 32606

New Principal Place of Business:

195 COLONY RUN
ALPHARETTA, GA 30022

Current Mailing Address:

10230 NW 11TH LN
GAINESVILLE, FL 32606

New Mailing Address:

195 COLONY RUN
ALPHARETTA, GA 30022

FEI Number: 20-0298333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LISTOPAD, IVAN
10230 NW 11TH LN
GAINESVILLE, FL 32606 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: D ( ) Delete
Name: CHELOV, BORIS
Address: 10230 NW 11TH LN
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: BATENKOV, ANATOL
Address: 10230 NW 11TH LN
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BORIS CHELOV D 04/23/2005

Electronic Signature of Signing Officer or Director — Date