


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P12686 1. Entity Name OMNI INSURANCE COMPANY	
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Principal Place of Business 2018 POWERS FERRY ROAD ATLANTA, GA 30339-5003	Mailing Address 2018 POWERS FERRY ROAD ATLANTA, GA 30339-5003
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1408232	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SCALF, SUSAN H 2018 POWERS FERRY ROAD ATLANTA, GA 303395003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEESE, K. RENEE 2018 POWERS FERRY ROAD ATLANTA, GA 303395003
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC AYER, RAMANI HARTFORD PLAZA HARTFORD, CT 06115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZWEINER, DAVID K HARTFORD PLAZA HARTFORD, CT 06115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	7.25.05 Date	770.952.4500 Daytime Phone #
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