

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90398 006 ***150.00

DOCUMENT # P12686

1. Entity Name
OMNI INSURANCE COMPANY



Principal Place of Business
**2018 POWERS FERRY ROAD
ATLANTA, GA 30339-5003**

Mailing Address
**2018 POWERS FERRY ROAD
ATLANTA, GA 30339-5003**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number

58-1408232

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SCALF, SUSAN H	
STREET ADDRESS	2018 POWERS FERRY ROAD	
CITY-ST-ZIP	ATLANTA, GA 303395003	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEESE, K. RENEE	
STREET ADDRESS	2018 POWERS FERRY ROAD	
CITY-ST-ZIP	ATLANTA, GA 303395003	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MALCHODI, WILLIAM B	
STREET ADDRESS	HARTFORD PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06115	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	ZWEINER, DAVID K	
STREET ADDRESS	HARTFORD PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06115	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MEANEY, WILLIAM P	
STREET ADDRESS	HARTFORD PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06115	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PAIANO, ROBERT W	
STREET ADDRESS	HARTFORD PLAZA	
CITY-ST-ZIP	HARTFORD, CT 06115	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keyser, Mark J	
STREET ADDRESS	2018 Powers Ferry Road	
CITY-ST-ZIP	Atlanta, Ga 30339	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lockhorn, William B	
STREET ADDRESS	2018 Powers Ferry Road	
CITY-ST-ZIP	Atlanta, Ga 30339	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arneson, Bruce S	
STREET ADDRESS	2018 Powers Ferry Road	
CITY-ST-ZIP	Atlanta, Ga 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Date

Daytime Phone #

4/26/07