

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90216 015 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                  |                                                                                               |                                                                                                    |                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>DOCUMENT # P28470</b><br>1. Entity Name<br><b>OMNI INDEMNITY COMPANY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                                  |                                                                                               |                   |                                     |
| Principal Place of Business<br><b>2018 POWERS FERRY ROAD<br/>ATLANTA, GA 30339-5003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                  | Mailing Address<br><b>2018 POWERS FERRY ROAD<br/>ATLANTA, GA 30339-5003</b>                   |                                                                                                    |                                     |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | 3. Mailing Address                                                               |                                                                                               |                                                                                                    |                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | Suite, Apt. #, etc.                                                              |                                                                                               |                                                                                                    |                                     |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | City & State                                                                     |                                                                                               |                                                                                                    |                                     |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                         | Zip                                                                              | Country                                                                                       |                                                                                                    |                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 | 04172006 Chg-P                                                                   |                                                                                               | CR2E034 (11/05)                                                                                    |                                     |
| 4. FEI Number<br><b>58-1189287</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 |                                                                                  |                                                                                               | Applied For<br>Not Applicable                                                                      |                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                  |                                                                                               | <b>\$8.75</b> Additional Fee Required                                                              |                                     |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                  | 7. Name and Address of New Registered Agent                                                   |                                                                                                    |                                     |
| <b>CHIEF FINANCIAL OFFICER<br/>P O BOX 6200 (32314-6200)<br/>200 E. GAINES ST<br/>TALLAHASSEE, FL 32399-0000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>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 reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |                                                                                  |                                                                                               |                                                                                                    |                                     |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VT<br/>SCALF, SUSAN H<br/>2018 POWERS FERRY ROAD<br/>ATLANTA, GA 30339</b> <input type="checkbox"/> Delete   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>See Attached Additions</i> |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P<br/>WEESE, K. RENEE'<br/>2018 POWERS FERRY ROAD<br/>ATLANTA, GA 30339</b> <input type="checkbox"/> Delete  |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>CD<br/>AYER, RAMANI<br/>HARTFORD PLAZA<br/>HARTFORD, CT 06115</b> <input checked="" type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>ZWEINER, DAVID K<br/>HARTFORD PLAZA<br/>HARTFORD, CT 06115</b> <input type="checkbox"/> Delete         |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VGC<br/>WOLIN, NEAL S<br/>690 ASYLUM AVENUE<br/>HARTFORD, CT 06115</b> <input type="checkbox"/> Delete       |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                 |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |                                     |
| 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. |                                                                                                                 |                                                                                  |                                                                                               |                                                                                                    |                                     |
| <b>SIGNATURE:</b> <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                  | Date <b>4/18/06</b>                                                                           |                                                                                                    | Daytime Phone # <b>860.547.4376</b> |

ATTACHMENT

40064412

# P28470

OMNI INDEMNITY COMPANY (ATTACHMENT FOR BLOCK 11)

V / D  
MALCHODI, WILLIAM B  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V                      ADDITION  
GALLENT, AMY BETH  
HARTFORD PLAZA  
HARTFORD, CT 06115

V  
MEANEY, WILLIAM P  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V  
PAIANO, ROBERT W  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V / CIO                      ADDITION  
ZNAMIEROWSKI, DAVID M  
HARTFORD PLAZA  
HARTFORD, CT 06115

V / CFO  
DURY, MICHAEL J  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V / Cntrlr                      ADDITION  
JONES, FRED J  
HARTFORD PLAZA  
HARTFORD, CT 06116

V  
PRICE, ROBERT J  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V / S                      ADDITION  
COSTELLO, RICHARD G  
HARTFORD PLAZA  
HARTFORD, CT 06115

V / T  
GIAMALIS, JOHN N  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V / DGC                      ADDITION  
KRECZKO, ALAN J  
HARTFORD, PLAZA  
HARTFORD, CT 06115

V  
HANLON, CHRISTOPHER J  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V  
BENNETT, JONATHAN R.  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V  
SKEELES, MARY E  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION

V  
JOHNSON, DAVID M  
HARTFORD PLAZA  
HARTFORD, CT 06115

ADDITION