

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90294 001 \*\*\*150.00

**DOCUMENT # P38447**

**1. Entity Name**  
**MEDMARC MUTUAL INSURANCE COMPANY**



**Principal Place of Business**  
**14280 PARK MEADOW DR**  
**SUITE 300**  
**CHANTILLY VA 20151**

**Mailing Address**  
**P.O. BOX 10809**  
**CHANTILLY VA 20153**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE CR2E034 (11/03)

**4. FEI Number**  
**03-0306465**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CHIEF FINANCIAL OFFICER**  
**P O BOX 6200 (32314-6200)**  
**200 E. GAINES ST**  
**TALLAHASSEE FL 32399-0000**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** SVP ☐ Delete  
**NAME** KONOPKA, THOMAS A.  
**STREET ADDRESS** 3508 BROOKWOOD DRIVE  
**CITY-ST-ZIP** FAIRFAX VA

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** LARSEN, PAUL W.  
**STREET ADDRESS** 2865 BREEZY HEIGHTS ROAD  
**CITY-ST-ZIP** WAYZATA MN

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** DP ☐ Delete  
**NAME** WHITE, JAXON A.  
**STREET ADDRESS** 11570 POPES HEAD VIEW LN  
**CITY-ST-ZIP** FAIRFAX VA 22030

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** S ☐ Delete  
**NAME** MURPHY, KAREN M  
**STREET ADDRESS** 1220 N. SCOTT ST., APT 102  
**CITY-ST-ZIP** ARLINGTON VA 22209

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** D ☐ Delete  
**NAME** REILLY, PHILIP M.  
**STREET ADDRESS** 6290 SYDNEY ROAD  
**CITY-ST-ZIP** FAIRFAX STATION VA 22039

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** T ☐ Delete  
**NAME** PETERSON, MARY TODDD  
**STREET ADDRESS** 8322 WOLFTRAP ROAD  
**CITY-ST-ZIP** VIENNA VA 22182

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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

*Karen M. Murphy* 4/26/04

Date

Daytime Phone #

(F03)  
273-1995