

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90116 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**

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-P CR2E034 (10/03)

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KONOPKA, THOMAS A. 3508 BROOKWOOD DRIVE FAIRFAX, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, PAUL W. 2865 BREEZY HEIGHTS ROAD WAYZATA, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, JAXON A. 11570 POPES HEAD VIEW LN FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, KAREN M 1220 N. SCOTT ST., APT 102 ARLINGTON, VA 22209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, PHILIP M. 6290 SYDNEY ROAD FAIRFAX STATION, VA 22039
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, MARY TODDD 8322 WOLFTRAP ROAD VIENNA, VA 22182

**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

*Brian Scott Kern*

*4/29/05*

*(800) 356-6886*

Date

Daytime Phone #