


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 010 ***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



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 03-0306465		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP KONOPKA, THOMAS A. 3508 BROOKWOOD DRIVE FAIRFAX, VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4186 Governor Yeardley Lane Fairfax, Virginia 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, PAUL W. 2865 BREEZY HEIGHTS ROAD WAYZATA, MN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WHITE, JAXON A. 11570 POPES HEAD VIEW LN FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 43570 Merchant Mill Terrace Leesburg, Virginia 20176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURPHY, KAREN M 1220 N. SCOTT ST., APT 102 ARLINGTON, VA 22209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1742 Seagull Court, #305 Reston, Virginia 20194
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, PHILIP M. 6290 SYDNEY ROAD FAIRFAX STATION, VA 22039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13901 Willard Road Chantilly, Virginia 20153
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, MARY TODDD 8322 WOLFTRAP ROAD VIENNA, VA 22182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE: 	General Counsel & Secretary	01/11/06 (703)652-1339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #