

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38447

FILED
Feb 01, 2009
Secretary of State

Entity Name: MEDMARC MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

14280 PARK MEADOW DR
SUITE 300
CHANTILLY, VA 20151

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10809
CHANTILLY, VA 20153

New Mailing Address:

FEI Number: 03-0306465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP () Delete
Name: KONOPKA, THOMAS A
Address: 4186 GOVERNOR YEARDLEY LN
City-St-Zip: FAIRFAX, VA 22030

Title: D () Delete
Name: LARSEN, PAUL W.,
Address: 2865 BREEZY HEIGHTS ROAD
City-St-Zip: WAYZATA, MN

Title: D () Delete
Name: WHITE, JAXON A
Address: 43570 MERCHANT MILL TERR
City-St-Zip: LEESBURG, VA 20176

Title: S () Delete
Name: MURPHY, KAREN M
Address: 1742 SEAGULL CT SUITE 305
City-St-Zip: RESTON, VA 20194

Title: D () Delete
Name: REILLY, PHILIP M
Address: 13901 WILLARD RD
City-St-Zip: CHANTILLY, VA 20153

Title: DP () Delete
Name: PETERSON, MARY TODD
Address: 8322 WOLFTRAP ROAD
City-St-Zip: VIENNA, VA 22182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KONOPKA, THOMAS A.

SVP

02/01/2009

Electronic Signature of Signing Officer or Director

Date