

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90166 012 ***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

☐ CHECK HERE IF MAKING CHANGES

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

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32399-0300

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, 2003 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

4/28/03

Date

273-1995

Daytime Phone #

CR2E034 (10/02)