

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996-25-96		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38681 (3)

1. Corporation Name

MEDICAL ASSURANCE, INC.



Principal Place of Business	Mailing Address
100 BROOKWOOD PLACE BIRMINGHAM AL 35209	P.O. BOX 590009 BIRMINGHAM AL 35259

3. Date Incorporated or Qualified 05/06/1992	3a. Date of Last Report 02/28/1995
4. FEI Number 63-0720042	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CROWE, A. DERRILL	1.2 NAME	
STREET ADDRESS	100 BROOKWOOD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVEREST, PAUL D.	2.2 NAME	
STREET ADDRESS	2055 E. SOUTH BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY AL	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, ROBERT D.	3.2 NAME	
STREET ADDRESS	100 BROOKWOOD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MORELLO, JAMES J.	4.2 NAME	
STREET ADDRESS	100 BROOKWOOD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AYERS, RANDALL D.	5.2 NAME	
STREET ADDRESS	2702 11TH AVE., #1	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT AL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **James J. Morello** **6/12/96** **(205)877-4400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)