

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P38681**

1. Corporation Name

**MEDICAL ASSURANCE, INC.**

Principal Place of Business

**100 BROOKWOOD PLACE  
BIRMINGHAM AL 35209**

Mailing Address

**P.O. BOX 590009  
BIRMINGHAM AL 35259**

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90109 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/06/1992**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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

**FL**

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
CROWE, A. DERRILL  
100 BROOKWOOD PLACE  
BIRMINGHAM AL**

TITLE ☐ DELETE

**VPD  
EVEREST, PAUL D.  
2000 NORMANDALE DR  
MONTGOMERY AL 36111**

TITLE ☐ DELETE

**S  
FRANCIS, ROBERT D.  
100 BROOKWOOD PLACE  
BIRMINGHAM AL**

TITLE ☐ DELETE

**T  
MORELLO, JAMES J.  
100 BROOKWOOD PLACE  
BIRMINGHAM AL**

TITLE ☐ DELETE

**D  
AYERS, RANDALL D.  
2702 11TH AVE., #1  
NORTHPORT AL**

TITLE ☐ DELETE

**D  
HAWES M D, FRANK P  
105 RAND AVE  
HUNTSVILLE AL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99

(205) 877-4400

CR2E034 (1/98)