2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
04-20-2001 90188 010 ***150.00

DOCUMENT # P38681

1. Entity Name

THE MEDICAL ASSURANCE COMPANY, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 63-0720042 ☐ 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 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CROWE, A. DERRILL 100 BROOKWOOD PLACE BIRMINGHAM AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EVEREST, PAUL D. 2000 NORMANDALE DR MONTGOMERY AL 36111	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Paul R. Butrus 100 Brookwood Place Birmingham, AL 35209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRANCIS, ROBERT D. 100 BROOKWOOD PLACE BIRMINGHAM AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORELLO, JAMES J. 100 BROOKWOOD PLACE BIRMINGHAM AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYERS, RANDALL D. 2702 11TH AVE., #I NORTHPORT AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James J. Morello 100 Brookwood Place Birmingham, AL 35209	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAWS M D, FRANK P 105 RAND AVE HUNTSVILLE AL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert D. Francis 100 Brookwood Place Birmingham, AL 35209	☒ Change ☐ Addition

CR2E034 (10/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Morello James J. Morello 4/11/01 (205) 877-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #