2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90056 026 ***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

50013324

01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CROWE, A. DERRILL
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	VPD
NAME	BUTRUS, PAUL R
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	S
NAME	NEVILLE, KATHRYN A
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	T
NAME	MORELLO, JAMES J.
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL
TITLE	D
NAME	ADAMO, VICTOR T
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209
TITLE	D
NAME	FRIEDMAN, HOWARD H
STREET ADDRESS	100 BROOKWOOD PLACE
CITY-ST-ZIP	BIRMINGHAM, AL 35209

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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: Kathryn A Neville 1/27/2005 (800) 282-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathryn Neville