2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90318 038 ***150.00

0645041 AT

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

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 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. 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 / 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 BUTRUS, PAUL R 100 BROOKWOOD PLACE BIRMINGHAM AL 35209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	S Kathryn A. Neville 100 Brookwood Place Birmingham, AL 35209 ☐ 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 MORELLO, JAMES J 100 BROOKWOOD PLACE BIRMINGHAM AL 35209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Victor T. Adamo 100 Brookwood Place Birmingham, AL 35209 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCIS, ROBERT D 100 BROOKWOOD PLACE BIRMINGHAM AL 35209	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Howard H. Friedman 100 Brookwood Place Birmingham, AL 35209 ☐ Change ☒ Addition

CR2E034 (10/02)

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 REQUIRED 4/29/03 205-877-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #