

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000682

**Entity Name:** MAISON INSURANCE COMPANY

**Current Principal Place of Business:**

9100 BLUEBONNET CENTRE BLVD SUITE 502  
BATON ROUGE, LA 70809

**Current Mailing Address:**

9100 BLUEBONNET CENTRE BLVD SUITE 502  
BATON ROUGE, LA 70809 US

**FEI Number:** 46-1168622

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
TALLAHASSEE, FL 32399-0000 US

*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:** NO SIGNATURE REQUIRED

07/21/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CP  
Name RAUCY, DOUGLAS  
Address 9100 BLUEBONNET CENTRE BLVD  
SUITE 502  
City-State-Zip: BATON ROUGE LA 70809

Title DST  
Name HILL, JOHN  
Address 9100 BLUEBONNET CENTRE BLVD  
SUITE 502  
City-State-Zip: BATON ROUGE LA 70809

Title DVP  
Name STROUD, DEAN  
Address 9100 BLUEBONNET CENTRE BLVD  
SUITE 502  
City-State-Zip: BATON ROUGE LA 70809

Title DVP  
Name CASE, DAN  
Address 9100 BLUEBONNET CENTRE BLVD  
SUITE 502  
City-State-Zip: BATON ROUGE LA 70809

Title DC  
Name BOTTJER, BRIAN  
Address 9100 BLUEBONNET CENTRE BLVD  
SUITE 502  
City-State-Zip: BATON ROUGE LA 70809

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS RAUCY

PRESIDENT

07/21/2017

Electronic Signature of Signing Officer/Director Detail

Date