

2019 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

02/06/2019

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 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: BRIAN BOTTJER

DC

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date