

2020 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: Yes

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

01/10/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER, DIRECTOR
Name FERNANDEZ, ERICK
Address 14050 NW 14TH STREET
 180
City-State-Zip: SUNRISE FL 33323

Title SECRETARY, DIRECTOR
Name JENNINGS, JAMES G III
Address 14050 NW 14TH STREET
 180
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BRAUN, MICHAEL
Address 14050 NW 14TH STREET
 180
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name JORDAN, RONALD A
Address 14050 NW 14TH STREET
 180
City-State-Zip: SUNRISE FL 33323

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: JAMES G JENNINGS III

SECRETARY

01/10/2020

Electronic Signature of Signing Officer/Director Detail

Date