

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000000682

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**9382000482CC**

**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

01/29/2021

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

**SECTRARY**

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date