SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **819304** **(7)**

1. Corporation Name
MAGNA INSURANCE COMPANY

Principal Place of Business	Mailing Address
2555 SEVERN AVE METAIRIE LA 70002 US	P O BOX 19685 NEW ORLEANS LA 70179 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 70002-5938
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29: 70179-0685
Country 30

3. Date Incorporated or Qualified: 01/18/1966
3a. Date of Last Report: 03/27/1995
4. FEI Number: 57-6037491 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	PCEO & D	☒ Change ☐ Addition
NAME	DUNCAN, ROBERT S		1.2 NAME		
STREET ADDRESS	100 WEST FRONT STREET		1.3 STREET ADDRESS	130 West Front Street	
CITY-ST-ZIP	HATTIESBURG MS		1.4 CITY-ST-ZIP		39401
TITLE	VPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	POYNTER, LOU A		2.2 NAME		
STREET ADDRESS	100 WEST FRONT STREET		2.3 STREET ADDRESS	130 West Front Street	
CITY-ST-ZIP	HATTIESBURG MS		2.4 CITY-ST-ZIP		39401
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COUSINS, THOMAS L		3.2 NAME		
STREET ADDRESS	100 WEST FRONT STREET		3.3 STREET ADDRESS	130 West Front Street	
CITY-ST-ZIP	HATTIESBURG MS		3.4 CITY-ST-ZIP		39401
TITLE	T	☒ DELETE	4.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	BOUTWELL, MINNIE		4.2 NAME	KAREN G. Griffis	
STREET ADDRESS	100 WEST FRONT STREET		4.3 STREET ADDRESS	130 West Front Street	
CITY-ST-ZIP	HATTIESBURG MS		4.4 CITY-ST-ZIP	Hattiesburg, MS	39401
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	PANNO, JACK P		5.2 NAME		
STREET ADDRESS	2555 SEVERN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		5.4 CITY-ST-ZIP		70002-5938
TITLE	AST	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	KRAUS, FRANK C JR		6.2 NAME		
STREET ADDRESS	2555 SEVERN AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		6.4 CITY-ST-ZIP		70002-5938

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Frank C Kraus JR JUNE 11, 1996 504-456-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Frank C Kraus JR