FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819304

(7)

MAGNA	INSURANCE COMPANY	· ()						
Principal Prace of Business 2555 SEVERN AVE		Mailrog Address P O BOX 19885						
METAIRIE LA : US	7UU2-9588	NEW OFILEANS LA 70179- US	U685		3. Date Incorporated or Qualified	- 1	ate of Last Re	eport
2. Principal f	face of Business	2a. Mailing Address			01/18/1966 4. FEt Number	1 00/	18/1996	plied For
21		26		57-6037491			t Applicable	
Suite, Apt ≠, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	×	\$8.75 A		
City & Stat		City & State	7 City & State		Election Campaign Financing			
23	•	28		8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		Zip	Count	ry	8. This corporation has liability fo	r intangible	tax under s.	199.032,
24 25 29 29 Name and Address of Current Regis			1		Florida Statutes 10. Name and Address of New R	Yes No		
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER 81				1 Name	IV. Hairie and Acciess of New II	oBierei on	Agont	
CAPITOL BUILDING			8:	2 Street Add	ress (P.O. Box Number is Not Accepta	shle)		
TALLAHASSEE FL 32304			L		out (i.e. por rightour in right)		***************************************	
			8:	3				
			8	4 City		E 1	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	les, the abo	ve-named corp	poration submits this statement for the	purpose c	f changing it	s registered
office or i agent 1 a	registered agont, or both, in the State rm familiar with, and accept the oblig	e of Horida. Such change was a patiens of, Section 607,0505, Fl	authorized t orida Statut	by the corporations.	poration submits this statement for the ton's board of directors. I hereby acc	ept the app	pointment as	registered
SIGNATURE								
12.	Superior type the protection of the policy and administration of the PRESIDENT AND DIRECTORS		(NOTE: Registered Agent signature requirements) 13.		red when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICERS ANI	DIRECTOR	S IN 12
TITLE	PCEO DELETE		1 1 TITLE		7.0011(0110)0777102210077		Change	Addition
NAME	DUNCAN, ROBERT S			E				
STREET ADDINESS	130 WEST FRONT STREET		13 STRE	ET ADDRESS				
CHTY - ST - ZIP	HATTIESBURG MS	Druese	1.4 CITY			·	Change	Addition
TIT, E NAME	POYNTER, LOU A	DELETE	2.1 TITLE 2.2 NAME				Li Culsulige	Addition
STREET ADDRESS	130 WEST FRONT STREET		1	ET ADDRESS				
City St-ZiP	HATTIESBURG MS		2. 4 CITY	i i				
TITLE	D COLLONIA THOMAS	☐ DELETE	3.1 TITLE				☐ Change	Addition
NAME	COUSINS, THOMAS L 130 WEST FRONT STREET		3.2 NAMI	l l				•
STPEHT ADDRESS Offit - ST - ZIP	HATTIESBURG MS		3.3 STHE 3.4 CITY	ET ADDRESS				
TITLE	T	DELETE	4.1 T.TLE				☐ Change	Addition
NAME:	GRIFFIS, KAREN G.		4. 2 NAM	IE				
STREET ADDRESS	130 WEST FRONT STREET		43STRE	ET ADORESS				
CITY - S1 - ZiP	HATTIESBURG MS	T price	4.4 CITY				Change	☐ Addition
TITLE NAME	S Panno, Jack P	DELETE	5.1 TITLE 5.2 NAMI				□ cuange	L ACCIRCIT
STREET ADDRESS	2555 SEVERN AVE		1	et address				
Clun - Zi - Xis	METAIRIE LA		5 4 CITY					
TITLE	AST	DELETE	6 1 T TL6				☐ Change	Addition
NAME	KRAUS, FRANK C JR		6.2 NAM	£				
L. Chronia abbasis ee.	· JOSS SEVERNI AVE		 e a croc 	LI ADDDECC I				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address.

6 4 CITY-ST-ZIP

SIGNATURE:

METAIRIE LA

FRANK C. KRAUS, Je.

01/13/1991 (504)456-0.

FILED

Jan 23 1997 8:00am

Secretary of State

(HII: 7 - 6468647 034 (9/96)