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

PROFIT CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business

US

21



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 819304

MAGNA INSURANCE COMPANY

Principal Place of Business Mailing Address 2555 SEVERN AVE P O BOX 19685 NEW ORLEANS LA 70179-0685 METAIRIE LA 70002-5938

2a. Mailing Address

Suite, Apt. #, etc.

26

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90046 011 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

01/18/1966

57-6037491

4. FEI Number

Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	[]	\$8.75 A		
22		27					Fee Rec	
City & State City & State					6. Election Campaign Financing		\$5.00	
23		28			Trust Fund Contribution		Added to	rees
Zip	Country	Zip	Country	•	8. This corporation owes the curre			X]No
25 29 30				- m-	Personal Property Tax.			<u></u>
	9. Name and Address of Current	Registered Agent	81	T 51	10. Name and Address of New R	egistereu Ag	ent	
INSURANCE COMMISSIONER CAPITOL BUILDING				Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				ļ		_		
IALL	AHASSEE FL 32304		83					
			84	City			85 Zip C	ode
				1		FL		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named corp	poration submits this statement for the	purpose of ch	anging its nent as rec	registered histered
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	r rionga. Such change was a ons of, Section 607.0505, Flo	iumonzeo oy irida Statutes	ure corporati 3.	on a board of directors. I fieldby accep	, are appoint	30 100	,
_	,,							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE		nt signature require	ed when reinstating)	DATE		DO 111.40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF			
TITLE	PCEO	☐ DELETE	1.1 TITLE			Ì	Change	☐ Addition
NAME '	DUNCAN, ROBERT S		1.2 NAME					
STREET ADDRESS	130 WEST FRONT STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	HATTIESBURG MS		1.4 CITY-S	ST-ZIP				
TITLE	VPD □ DELETE		2.1 TITLE			(Change	☐ Addition
NAME .	POYNTER, LOU A		2.2 NAME					
STREET ADDRESS	*** *****		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	HATTIESBURG MS		2. 4 CITY-	ST-ZIP				
TITLE	D X DELETE		3.1 TITLE			l	Change	☐ Addition
NAME	COUSINS, THOMAS L		3.2 NAME					
STREET ADORESS	AND INTEREST PRODUCT OFFICE		3.3 STREE	TADDRESS				
CITY-ST-ZIP	HATTIESBURG MS		3.4. CITY-	ST-ZIP				
TITLE	T	DELETE	4,1 TITLE				Change	☐ Addition
NAME	GRIFFIS, KAREN G.		4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP	HATTIESBURG MS		4.4 CITY-5	ST-ZIP				
TITLE	S S	☐ DELETE	5.1 TITLE				Change	Addition
NAME	PANNO, JACK P		5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	st-zip	70002–5938			
TITLE .	AST DELETE 6		6.1 TITLE				Change	Addition
NAME *	KRAUS, FRANK C JR	_ : - : -	62 NAME					
I SAME			6.3 STREE	TADORESS				
OTDEET ADDRESS								
STREET ADDRESS CITY-ST-ZIP	2555 SEVERN AVE METAIRIE LA		6.4 CITY-5	ST-ZIP -	70002-5938			

address, with all other like empowered.

SIGNATURE:

🔘 🕽 Frank C. Kraus, Jr.

4/29/99

(504) 456-0101

Applied For

\$8.75 Additional

Not Applicable

≡1.5

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Magna Insurance Company ... Document #819304

Item 12 Attachment

CPD James R. Arnold 1749 Mallory Lane - Suite 120 Brentwood, TN 37027

V Melanie S. Evans 1749 Mallory Lane - Suite 120 Brentwood, TN 37027

D Lloyd B. DeVaux 7130 Goodlett Farms Parkway Memphis, TN 38018

D M. Kirk Walters 7130 Goodlett Farms Parkway Memphis, TN 38018