2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90072 029 ***150.00

DOCUMENT # 819304

1. Entity Name
MAGNA INSURANCE COMPANY

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 57-6037491 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, ROBERT S 130 WEST FRONT STREET HATTIESBURG MS	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEIBOLD, JAMES L. 2555 SEVERN AVENUE METAIRIE, LA. 70002-5938	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POYNTER, LOU A 130 WEST FRONT STREET HATTIESBURG MS	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/P KENNEBECK, ALAN W. 7130 GOODLETT FARMS PARKWAY MEMPHIS, TN. 38010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD ARNOLD, JAMES R 1749 MALLORY LN- STE 120 BRENTWOOD TN 37027	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JARRETT, CHARLES P. 7130 GOODLETT FARMS PARKWAY MEMPHIS, TN. 38010	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EVANS, MELANIE S 1749 MALLORY LN- STE 120 BRENTWOOD TN 37027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D EVANS, MELANIE S. 810 CRESCENT CENTRE DRIVE FRANKLIN, TN. 37067	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PANNO, JACK P 2555 SEVERN AVE METAIRIE LA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST. SECRETARY FILLMORE, PAMELA R. 810 CRESCENT CENTRE DRIVE FRANKLIN, TN. 37067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AST KRAUS, FRANK C JR 2555 SEVERN AVE METAIRIE LA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, JOHN T. 7130 GOODLETT FARMS PARKWAY MEMPHIS, TN. 38010	☐ Change ☒ Addition

CR2E034 (10/00)

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L. SEIBOLD _____ 1/29/01 (504) 456-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #