Applied For

\$8.75 Additional

Not Applicable

819304

MAGNA INSURANCE COMPANY

Principal Place of Business

2555 SEVERN AVE

METAIRIE LA 70002-5938

Mailing Address

P O BOX 19685

NEW ORLEANS LA 70179-0685

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent INSURANCE COMMISSIONER

Signature, typed or printed name of registered agent and title if applicable

Country

CAPITOL BUILDING TALLAHASSEE FL 32304

SIGNATURE .

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

57-6037491

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

(See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE DUNCAN, ROBERT S Duncan, Jr. Robert S. NAME STREET ADDRESS 130 WEST FRONT STREET 7130 Goodlett Farms Parkway STREET ADDRESS CITY-ST-ZIP HATTIESBURG MS CITY-ST-ZIP Memphis, TN. 38010 TITLE CP ☐ Delete TITLE Change ☐ Addition NAME KENNEBECK, ALAN W NAME Kennebeck, Alan W. STREET ADDRESS 7130 GOODLETT FARMS PKWY STREET ADDRESS 7130 Goodlett Farms Parkway CITY-ST-ZIP MEMPHIS TN 38010 CITY-ST-ZIP Memphis, TN. 38010 TITLE X Delete TITLE P/D. ☐ Change X Addition NAME JARRETT, CHARLES P NAME Collins, Joanne B. STREET ADDRESS 7130 GOODLETT FARMS PKWY STREET ADDRESS 6200 Poplar Avenue, HQ2 Memphis, TN 38119 CITY-ST-ZIP~ MEMPHIS TN 38010 CITY-ST-ZIP-TITLE Delete Asst.Secretary TITLE ☐ Change Addition NAME EVANS, MELANIE \$ NAME Fillmore, Pamela R. STREET ADDRESS 810 CRESCENT CENTRE DRIVE STREET ADDRESS 810 Crescent Centre Drive CITY-ST-ZIP FRANKLIN TN 37067 CITY-ST-7IP Franklin, TN. 37067 TITLE ☐ Delete TITLE ☐ Change Addition NAME PANNO, JACK P NAME Poynter, Lou Ann STREET ADDRESS 2555 SEVERN AVE 215 Forrest Street STREET ADDRESS CITY-ST-ZIP METAIRIE LA CITY-ST-ZIP Hattiesburg, MS. 39402 ☐ Delete Asst. Treasurer TITLE NAME CRAWFORD, JOHN T NAME Hoss, James R. STREET ADDRESS 7130 OODLETT FARMS PKWY. STREET ADDRESS 2555 Severn Avenue CITY-ST-ZIP

<u>Metair</u>ie, LA. 70002 13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

MEMPHIS TN 38010

RED MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ACK P. Panno, Secretary

April 17, 2002

(504) 456-0101

(9/01)**CR2E034**

attachmentet

819304

Magna Insurance Company FEIN Number: 57-6037491 2002 Uniform Business Report (UBR) Florida Department of State Division of Corporations

Attachment for Item 12. Additions/Changes to Officers/Directors in 11:

	`	Change	Addition	
TITLE : NAME : ST.ADDRESS: CITY-ST-ZIP :	D Ross, William M. 8182 Maryland Avenue St. Louis, MO. 63105		X	- · · · <u>-</u>
TITLE : NAME : ST.ADDRESS: CITY-ST-ZIP :	D Samuels, Ronald L. 401 Union Street Nashville, TN 37219		X	