2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 819304

Entity Name: MAGNA INSURANCE COMPANY

Current Principal Place of Business:

2555 SEVERN AVE
METAIRIE, LA 700025938 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 19685
NEW ORLEANS, LA 701790685 US

New Mailing Address:

FEI Number: 57-6037491 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CHANEY, CARL J	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	
Title:	D	( ) Delete
Name:	SEAL, LEO W JR	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	
Title:	PD	( ) Delete
Name:	COLLINS, JOANNE B	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	
Title:	ASAT	( ) Delete
Name:	SMITH, MICHAEL R	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	
Title:	STD	( ) Delete
Name:	PANNO, JACK P	
Address:	2555 SEVERN AVE	
City-St-Zip:	METAIRIE, LA	
Title:	D	( ) Delete
Name:	SCHLOEGEL, GEORGE A	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SAIK, CLIFTON J	
Address:	2555 SEVERN AVENUE	
City-St-Zip:	METAIRIE, LA 70002	
Title:	ST	(X) Change ( ) Addition
Name:	PANNO, JACK P	
Address:	2555 SEVERN AVE	
City-St-Zip:	METAIRIE, LA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK P. PANNO ST 04/26/2005

Electronic Signature of Signing Officer or Director — Date