2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90136 016 ***150.00

DOCUMENT # 819304

1. Entity Name
MAGNA INSURANCE COMPANY

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

☐ CHECK HERE IF MAKING CHANGES

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

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNCAN, ROBERT S 7130 GOODLETT FARMS PKWY MEMPHIS TN 38010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD KENNEBECK, ALAN W 7130 GOODLETT FARMS PKWY MEMPHIS TN 38010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COLLINS, JOANNE B 6200 POPLAR AVE. HQ2 MEMPHIS TN 38119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 7130 Goodlett Farms Prkwy. A2E Memphis, TN. 38010
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FILLMORE, PAMELA R 810 CRESCENT CENTRE DR. FRANKLIN TN 37067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, JOHN T 7130 OODLETT FARMS PKWY MEMPHIS TN 38010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] REQUIRED March 6, 2003 (504) 456-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

Attachment 800161435
819304

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

Attachment for Item 10. Additional Officers/Directors:

		Change	Addition
TITLE :	D		
NAME :	Rees, Evan T.		
ST.ADDRESS:	2800 Ponce de Leon Boulevard		
CITY-ST-ZIP :	Coral Gables, FL. 33133		
TITLE :	D		
NAME :	Ross, William M.		
ST.ADDRESS:	8182 Maryland Avenue		
CITY-ST-ZIP :	St. Louis, MO. 63105		
TITLE :	D		
NAME :	Samuels, Ronald L.		
ST.ADDRESS:	401 Union Street		
CITY-ST-ZIP :	Nashville, TN. 37219		
TITLE :	D		
NAME :	Poynter, Lou Ann		
ST.ADDRESS:	215 Forrest Street		
CITY-ST-ZIP :	Hattiesburg, MS. 39402		
TITLE :	Asst. Treasurer	Delete	
NAME :	Hoss, James R.		
ST.ADDRESS:	2555 Severn Avenue		
CITY-ST-ZIP :	Metairie, LA. 70002		