

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003237

FILED
Apr 13, 2012
Secretary of State

Entity Name: MSA INSURANCE COMPANY

Current Principal Place of Business:

4601 TOUCHTON ROAD EAST, STE 3400
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

4601 TOUCHTON ROAD EAST, STE 3400
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 56-2519357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EST GAINES ST
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: D
Name: BAXTER, TERRY L
Address: 60 SPRING HILL LANE
City-St-Zip: LYME, NH 03768

Title: D
Name: CLEVELAND, COTTON M
Address: 75 NEWPORT ROAD, STE 208
City-St-Zip: NEW LONDON, NH 03257

Title: D
Name: DELANEY, JOHN A
Address: 1 UNF DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D
Name: ELFNER III, ALBERT H
Address: 53 CHESTNUT ST
City-St-Zip: BOSTON, MA 02108

Title: D
Name: FREEMAN, DAVID
Address: 16 HOFFMANN ROAD
City-St-Zip: CANTON, CT 06019

Title: D
Name: GUNTER, JR., WILLIAM D
Address: 1117 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: BRUCE R. FOX

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04/13/2012

Electronic Signature of Signing Officer or Director

_____ Date