## 2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400000590

Entity Name: THE GRAY CASUALTY & SURETY COMPANY

**Current Principal Place of Business:** 

3601 N. I-10 SERVICE ROAD WEST

METAIRIE. LA 70002

**Current Mailing Address:** 

PO BOX 6202

METAIRIE, LA 70009-6202

FEI Number: 72-1326720 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMISSIONER OF INSURANCE 200 EAST GAINES STREET TALLAHASSEE, FL 32399-0300 US

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

FILED Mar 01, 2019

**Secretary of State** 

1362744735CC

Officer/Director Detail:

Title VP, CHAIRMAN, DIRECTOR Title VPD

Name GRAY, MICHAEL T Name GRAY, WALTER V

Address 3601 N. I-10 SERVICE ROAD WEST Address 3601 N. I-10 SERVICE ROAD WEST

City-State-Zip: METAIRIE LA 70002 City-State-Zip: METAIRIE LA 70002

Title VPD Title TD

Name GRAY, ERIC V Name HUGHES, ROBERT M

Address 3601 N. I-10 SERVICE ROAD WEST Address 3601 N. I-10 SERVICE ROAD WEST

City-State-Zip: METAIRIE LA 70002 City-State-Zip: METAIRIE LA 70002

Title S Title PRESIDENT, DIRECTOR

Name MANGUNO, MARK S Name PISKE, CULLEN S

Address 3601 N. I-10 SERVICE ROAD WEST Address 3601 N I-10 SERVICE ROAD WEST

City-State-Zip: METAIRIE LA 70002 City-State-Zip: METAIRIE LA 70002

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: ROBERT M. HUGHES

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/01/2019