

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Jan 28, 2013
Secretary of State
CC5306371851

Entity Name: MSA INSURANCE COMPANY

Current Principal Place of Business:

4601 TOUCHTON ROAD EAST, STE 3400
JACKSONVILLE, FL 32246

Current Mailing Address:

4601 TOUCHTON ROAD EAST, STE 3400
JACKSONVILLE, FL 32246

FEI Number: 56-2519357

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 EST GAINES ST
TALLAHASSEE, FL 32399 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

Officer/Director Detail :

Title PRESIDENT
Name VAN BERKEL, THOMAS M
Address 4601 TOUCHTON ROAD EAST, STE
 3400
City-State-Zip: JACKSONVILLE FL 32246

Title TREASURER
Name KUHL, EDWARD J
Address 4601 TOUCHTON ROAD EAST, STE
 3400
City-State-Zip: JACKSONVILLE FL 32246

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

Title SECRETARY
Name FOX, BRUCE R
Address 4601 TOUCHTON ROAD EAST, STE
 3400
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name DOERR, ROBERT C
Address 4601 TOUCHTON ROAD EAST, STE
 3400
City-State-Zip: JACKSONVILLE FL 32246

Title D
Name ELLIOTT, ERIC S
Address 4601 TOUCHTON ROAD EAST, STE
 3400
City-State-Zip: JACKSONVILLE FL 32246

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

SECRETARY

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date