

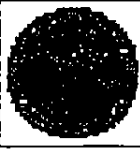
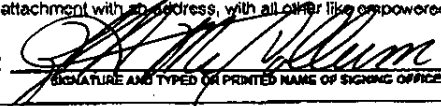
FROM : BECKY COGHILL

FAX NO. : 318 382 1349

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90067 023 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 819304</b> 1. Entity Name <b>MAGNA INSURANCE COMPANY</b>					
Principal Place of Business <b>100 JAMES BOULEVARD          SUITE 150          ST. ROSE, LA 70087 US</b>			Mailing Address <b>100 JAMES BOULEVARD          SUITE 150          ST. ROSE, LA 70087 US</b>		
2. Principal Place of Business - No P.O. Box # <b>One Hancock Plaza</b>		3. Mailing Address <b>P.O. Box 4019</b>			
Suite, Apt. #, etc. <b>2510 14th Street</b>		Suite, Apt. #, etc.			
City & State <b>Gulfport, MS 39501</b>		City & State <b>Gulfport, MS 39502</b>		4. FEI Number <b>57-6037491</b>	
Zip <b>39501</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>39501</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER          P O BOX 6200 (32314-6200)          200 E. GAINES ST          TALLAHASSEE, FL 32399-0000</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00          After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CHANEY, CARL J          100 JAMES BOULEVARD, #150          ST. ROSE, LA 70087</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 14th St., One Hancock Plaza          Gulfport, MS 39501</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SEAL, LEO W JR          100 JAMES BOULEVARD, #150          ST. ROSE, LA 70087</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 14th St., One Hancock Plaza          Gulfport, MS 39501</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>SAIK, CLIFTON J          100 JAMES BOULEVARD, #150          ST. ROSE, LA 70087</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 14th St., One Hancock Plaza          Gulfport, MS 39501</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete <b>PANNO, JACK P          100 JAMES BOULEVARD, #150          ST. ROSE, LA 70087</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ST McCollum, Richard H.          2510 14th St., One Hancock Plaza          Gulfport, MS 39501</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SCHLOEGEL, GEORGE A          100 JAMES BOULEVARD, #150          ST. ROSE, LA 70087</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2510 14th St., One Hancock Plaza          Gulfport, MS 39501</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 			3/24/2008 (228) 563-5690 <small>Date Daytime Phone #</small>		

ATTACHMENT

40068904

#819304

**M•A•G•N•A**  
**INSURANCE COMPANY**

April 9, 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

REF: 2008 FOR PROFIT CORPORATION  
ANNUAL REPORT  
MAGNA INSURANCE COMPANY  
DOCUMENT #819304

To Whom It May Concern:

Enclosed is our 2008 For Profit Corporation Annual Report along with the required fee of \$150.00 for the above referenced company.

Please be advised that there is a new address (physical and post office) for Magna Insurance as well as a change in one officer:

One Hancock Plaza  
2510 14<sup>th</sup> Street  
Gulfport, MS 39501  
(228) 563-5690-Telephone  
(228) 822-4589-Fax

or

P.O. Box 4019  
Gulfport, MS 39502

Email address: [richard\\_mccollum@hancockbank.com](mailto:richard_mccollum@hancockbank.com)

We have also replaced Secretary/Treasurer, Jack P. Panno, with Richard H. McCollum, Secretary/Treasurer. These changes have been corrected on the forms and also with this letter.

If you require further information please do not hesitate to contact the undersigned at (318) 382-1349 or (504) 858-3077 or by email [coghills@suddenlink.net](mailto:coghills@suddenlink.net).

Sincerely,



Becky Coghill  
Compliance Consultant

MAGNA INSURANCE COMPANY • GULFPORT, MISSISSIPPI

CORPORATE ADDRESS • P.O. BOX 4019 • GULFPORT, MS 39501

TELEPHONE (228) 563-5690 • 1-800-522-6542