

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 819304

Entity Name: MAGNA INSURANCE COMPANY

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

ONE HANCOCK PLAZA
2510 14TH STREET
GULFPORT, MS 39501 US

Current Mailing Address:

PO BOX 4019
GULFPORT, MS 39502 US

New Principal Place of Business:

ONE HANCOCK PLAZA; ATTN TAX DEPT
2510 14TH STREET
GULFPORT, MS 39501 US

New Mailing Address:

PO BOX 4019
ATTN: TAX DEPARTMENT
GULFPORT, MS 39502 US

FEI Number: 57-6037491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHANEY, CARL J
Address: 2510 14TH ST, ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

Title: D () Delete
Name: SEAL, LEO W JR
Address: 2510 14TH ST., ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

Title: PD () Delete
Name: SAIK, CLIFTON J
Address: 2510 14TH ST., ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

Title: ST (X) Delete
Name: MCCOLLUM, RICHARD H
Address: 2510 14TH ST., ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

Title: D (X) Delete
Name: SCHLOEGEL, GEORGE A
Address: 2510 14TH ST, ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MCCOLLUM, RICHARD H
Address: 2510 14TH ST., ONE HANCOCK PLAZA
City-St-Zip: GULFPORT, MS 39501 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLIFTON J. SAIK

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date