FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **850722** **(0)**

1. Corporation Name
THE GRAY INSURANCE COMPANY

Principal Place of Business	Mailing Address
3601 N I-10 SERVICE RD METAIRIE LA 70002-7045 US	P O BOX 6202 METAIRIE LA 70009-6202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1981	04/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **72-0824217** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA CAPITAL BLDG TALLAHASSEE FL FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.150R, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent required to sign when indicated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GRAY, DENVER F.	12 NAME	
STREET ADDRESS	3601 N I-10 SERVICE RD W	13 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	14 CITY, ST, ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	GRAY, DOROTHY VERLANDER	22 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	23 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	24 CITY, ST, ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	GRAY, WALTER VERLANDER	32 NAME	
STREET ADDRESS	3601 N I-10 SERVICE RD W	33 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	34 CITY, ST, ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	GRAY, MICHAEL TOWNSEND	42 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	43 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	44 CITY, ST, ZIP	
TITLE	VPD	51 TITLE	☐ Change ☐ Addition
NAME	GRAY, ERIC VERLANDER	52 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	53 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	54 CITY, ST, ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	MANGUNO, MARK STEVEN	62 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	63 STREET ADDRESS	
CITY, ST, ZIP	METAIRIE LA	64 CITY, ST, ZIP	

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Denver F. Gray
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
DENVER F. GRAY, PRESIDENT

04-25-95
Date

(504)888-7790
Daytime Phone Number

0471940 FP