


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 850722 (0)
1. Corporation Name
THE GRAY INSURANCE COMPANY

Principal Place of Business
3601 N I-10 SERVICE RD
METAIRIE LA 70002-7045
US

Mailing Address
P O BOX 6202
METAIRIE LA 70009-6202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 72-0824217	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER STATE OF FLORIDA
CAPITAL BLDG
TALLAHASSEE FL FL 32301

10. Name and Address of New Registered Agent

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 607.1508, 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

Signature, typed or printed name of registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DENVER F.	1.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE RD W	1.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGES, ROBERT M -	2.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE RD W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, WALTER VERLANDER	3.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE RD W	3.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MICHAEL TOWNSEND	4.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	4.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ERIC VERLANDER	5.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	5.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGUNO, MARK STEVEN	6.2 NAME	
STREET ADDRESS	3601 N I-10 SERVICE ROAD W	6.3 STREET ADDRESS	
CITY-ST-ZIP	METAIRIE LA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:



MICHAEL T. GRAY, PRESIDENT 03/26/98 (504)888-7790

CR2E034 (10/97)