

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90260 003 ***150.00

DOCUMENT # 850722

1. Entity 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**

24033440



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0824217	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	GRAY, DENVER F.
STREET ADDRESS	3601 N I-10 SERVICE RD W
CITY-ST-ZIP	METAIRIE, LA

TITLE	TD
NAME	HUGHES, ROBERT M
STREET ADDRESS	3601 N I-10 SERVICE RD W
CITY-ST-ZIP	METAIRIE, LA 700027045

TITLE	VPD
NAME	GRAY, WALTER VERLANDER
STREET ADDRESS	3601 N I-10 SERVICE RD W
CITY-ST-ZIP	METAIRIE, LA 700027045

TITLE	PD
NAME	GRAY, MICHAEL TOWNSEND
STREET ADDRESS	3601 N I-10 SERVICE ROAD W
CITY-ST-ZIP	METAIRIE, LA 700027045

TITLE	VPD
NAME	GRAY, ERIC VERLANDER
STREET ADDRESS	3601 N I-10 SERVICE ROAD W
CITY-ST-ZIP	METAIRIE, LA 700027045

TITLE	S
NAME	MANGUNO, MARK STEVEN
STREET ADDRESS	3601 N I-10 SERVICE ROAD W
CITY-ST-ZIP	METAIRIE, LA 700027045

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE: *Mark Manguno*

MARK S. MANGUNO, SECRETARY, APRIL 20, 2004 (504) 888-7790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #