

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850722

FILED  
Jan 30, 2012  
Secretary of State

**Entity Name:** THE GRAY INSURANCE COMPANY

**Current Principal Place of Business:**

3601 N I-10 SERVICE RD  
METAIRIE, LA 700027045 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 6202  
METAIRIE, LA 700096202 US

**New Mailing Address:**

**FEI Number:** 72-0824217

**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

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: HUGHES, ROBERT M  
Address: 3601 N I-10 SERVICE RD W  
City-St-Zip: METAIRIE, LA 700027045

Title: VPD  
Name: GRAY, WALTER V  
Address: 3601 N I-10 SERVICE RD W  
City-St-Zip: METAIRIE, LA 700027045

Title: PD  
Name: GRAY, MICHAEL T  
Address: 3601 N I-10 SERVICE ROAD W  
City-St-Zip: METAIRIE, LA 700027045

Title: CVPD  
Name: GRAY, ERIC V  
Address: 3601 N I-10 SERVICE ROAD W  
City-St-Zip: METAIRIE, LA 700027045

Title: S  
Name: MANGUNO, MARK S  
Address: 3601 N I-10 SERVICE ROAD W  
City-St-Zip: METAIRIE, LA 700027045

I hereby 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 all other like empowered.

SIGNATURE: ROBERT M. HUGHES

TD

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date