

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1-2

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P10693**

1. Corporation Name

MS LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

715 S. Pear Orchard Rd #400
P. O. Box 6005 (39158)
Ridgeland, MS 39157

P. O. Box 6005
Ridgeland, MS 39158

3. Date Incorporated or Qualified
07/07/1986

3a. Date of Last Report
09/21/1995

4. FEI Number
86-0275686

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **XX**

**\$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

2. Principal Place of Business

2a. Mailing Address

21 **715 S. Pear Orchard Rd.**

26 **P.O. Box 6005**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **400**

27

City & State

City & State

23 **Ridgeland, MS**

28 **Ridgeland, MS**

Zip

Country

Zip

Country

24 **39157**

25

29

39158

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE 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 607.1508, 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 registered agent and title if applicable

(If Sole Registered Agent Signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **Stuart, James B. Jr.**
STREET ADDRESS **715 S. Pear Orchard #400**
CITY-ST-ZIP **Ridgeland, MS 39157**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE
NAME **Furman, Robert S.**
STREET ADDRESS **715 S. Pear Orchard #400**
CITY-ST-ZIP **Ridgeland, MS 39157**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **Hogue, Harold A.**
STREET ADDRESS **715 S. Pear Orchard #400**
CITY-ST-ZIP **Ridgeland, MS 39157**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **McBrayer, James D.**
STREET ADDRESS **715 S. Pear Orchard #400**
CITY-ST-ZIP **Ridgeland, MS 39157**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **Herrin, Carl**
STREET ADDRESS **2476 Eastover Dr.**
CITY-ST-ZIP **Jackson, MS 39211**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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)(k), 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:

Robert S. Furman
President


Date: Daytime Phone #

601/970-6732

CR2E034 (12/95)

FILE NOW: FILING FEE IS \$61.25

2.2

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P10693 (0)		
1. Corporation Name MS LIFE INSURANCE COMPANY		
Principal Place of Business 715 S. PEAR ORCHARD RD. STE 400 P O BOX 6005 (39158-6005) RIDGELAND MS 39157		Mailing Address 715 S. PEAR ORCHARD RD. STE 400 P O BOX 6005 (39158-6005) RIDGELAND MS 39157

*Replaced by a Profit
report. (See attached).
Future reports should be
issued to us for Profit.
Thank you. M-West*

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/07/1986		3a. Date of Last Report 09/21/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 86-0275686		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		Zip 29		Country 30	
9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered 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	DC BUSCHING, HAROLD W. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 S. PEAR ORCHARD #400	1.2 NAME	
STREET ADDRESS	RIDGELAND MS	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HERRIN, CARL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2476 EASTOVER DR	2.2 NAME	
STREET ADDRESS	JACKSON MS	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T MCBRAYER, JAMES D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 S PEAR ORCHARD #400	3.2 NAME	
STREET ADDRESS	RIDGELAND MS	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD DC STUART, JAMES B. JR. <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 S. PEAR ORCHARD #400	4.2 NAME	
STREET ADDRESS	RIDGELAND MS	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD FURMAN, ROBERT S. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 S. PEAR ORCHARD #400	5.2 NAME	
STREET ADDRESS	RIDGELAND MS	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD HOGUE, HAROLD A. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 S. PEAR ORCHARD #400	6.2 NAME	
STREET ADDRESS	RIDGELAND MS	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)