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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P10693

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 86-0275686	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HERRIN, CARL			1.2 NAME	JOHN E. GOUGH		
STREET ADDRESS	2476 EASTOVER DR			1.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400		
CITY-STATE-ZIP	JACKSON MS			1.4 CITY-STATE-ZIP	RIDGELAND, MS 39157		
TITLE	T.V.D. ←	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MCBRAYER, JAMES D			2.2 NAME	MIKE D. ANDERSON		
STREET ADDRESS	715 S PEAR ORCHARD #400			2.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400		
CITY-STATE-ZIP	RIDGELAND MS 39157			2.4 CITY-STATE-ZIP	RIDGELAND, MS 39157		
TITLE	DC	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V/S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STUART, JAMES B. JR.			3.2 NAME	HOUSTON M. POWERS		
STREET ADDRESS	715 S. PEAR ORCHARD #400			3.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400		
CITY-STATE-ZIP	RIDGELAND MS			3.4 CITY-STATE-ZIP	RIDGELAND, MS 39157		
TITLE	C/D ←	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FURMAN, ROBERT S.			4.2 NAME			
STREET ADDRESS	715 S. PEAR ORCHARD #400			4.3 STREET ADDRESS			
CITY-STATE-ZIP	RIDGELAND MS			4.4 CITY-STATE-ZIP			
TITLE	V/D ←	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOGUE, HAROLD A.			5.2 NAME			
STREET ADDRESS	715 S. PEAR ORCHARD #400			5.3 STREET ADDRESS			
CITY-STATE-ZIP	RIDGELAND MS			5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD A. HOGUE 4/23/99 (601) 978-6732

Date

Daytime Phone #