

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 APR 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10693

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

3. Date Incorporated or Qualified

07/07/1986

4. FEI Number

86-0275686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

25

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3000003239193--7

83

-05/04/00-01022-003

84 City

****150.00 ****150.00

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE DP
NAME GOUGH, JOHN E.
STREET ADDRESS 715 S. PEAR ORCHARD RD. STE 400
CITY-ST-ZIP RIDGELAND, MS 39157

TITLE DVT
NAME MCBRAYER, JAMES D
STREET ADDRESS 715 S PEAR ORCHARD #400
CITY-ST-ZIP RIDGELAND MS

TITLE DV
NAME ANDERSON, MICHAEL D.
STREET ADDRESS 715 S. PEAR ORCHARD #400
CITY-ST-ZIP RIDGELAND MS

TITLE DC
NAME FURMAN, ROBERT S.
STREET ADDRESS 715 S. PEAR ORCHARD #400
CITY-ST-ZIP RIDGELAND MS

TITLE VS
NAME POWERS, HOUSTON M.
STREET ADDRESS 715 S. PEAR ORCHARD #400
CITY-ST-ZIP RIDGELAND MS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

DV
BLACKBURN, JACK C. JR.
715 S. PEAR ORCHARD RD. STE 400
RIDGELAND, MS 39157

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:

John E. Gough

JOHN E. GOUGH 4/20/2000 (601)978-6732