

DOCUMENT # P10693

1. Entity Name

MS Life Insurance Company

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90014 035 ***550.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

715 S. Pear Orchard Rd. P. O. Box 6005

Suite, Apt. #, etc.
Ste. 400

Suite, Apt. #, etc.

City & State

Ridgeland, MS

City & State

Ridgeland, MS

Zip

39157

Country

USA

Zip

39158-6005

Country

USA

4. FBI Number

86-0275686

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Insurance Commissioner of Florida
 The Capitol Building
 Tallahassee, FL 32399

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILED
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John E. Gough 715 S. Pear Orchard Rd. Ridgeland, MS 39157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer James D. McBrayer 715 S. Pear Orchard Rd. Ridgeland, MS 39157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary C. Jack Blackburn, Jr. 715 S. Pear Orchard Rd. Ridgeland, MS 39157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert S. Furman 400 Carillon Parkway Ste300 St. Petersburg, FL 33716	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James D. McBrayer 715 S. Pear Orchard Rd. Ridgeland, MS 39157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael D. Anderson 400 Carillon Parkway St. Petersburg, FL 33716	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Gough
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

June 4, 2001 (601)978-673

CR2E034 (11/00)