

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90049 025 ***150.00

DOCUMENT # P10693

1. Entity Name
MS LIFE INSURANCE COMPANY

Principal Place of Business
715 S. PEAR ORCHARD RD
SUITE 400
RIDGELAND MS 39157

Mailing Address
P O BOX 6005
RIDGELAND MS 39157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI 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
CAPITOL BLDG.
TALLAHASSEE FL 32301

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GOUGH, JOHN E**
STREET ADDRESS **715 S PEAR ORCHARD ROAD, SUITE 400**
CITY-ST-ZIP **RIDGELAND MS 39157**

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

TITLE **DVT** ☐ Delete
NAME **MCBRAYER, JAMES D**
STREET ADDRESS **715 S PEAR ORCHARD #400**
CITY-ST-ZIP **RIDGELAND MS 39157**

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

TITLE **DV** ☐ Delete
NAME **ANDERSON, MICHAEL D**
STREET ADDRESS **715 S PEAR ORCHARD ROAD, SUITE 400**
CITY-ST-ZIP **RIDGELAND MS 39157**

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

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

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

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

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

TITLE **DV** ☐ Delete
NAME **BLACKBURN, JACK C JR.**
STREET ADDRESS **715 S. PEAR ORCHARD RD, STE 400**
CITY-ST-ZIP **RIDGELAND MS 39157**

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

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Gough, President 1-17-02 601-978-6748

Date

Daytime Phone #

CR2E034 (9/01)