
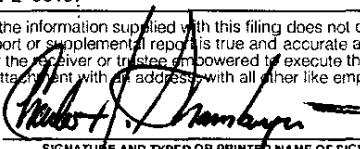


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90037 042 ***150.00

DOCUMENT # P10693 1. Entity Name MS LIFE INSURANCE COMPANY					
Principal Place of Business 3900 LAKELAND DRIVE SUITE 400 JACKSON, MS 39232			Mailing Address 3900 LAKELAND DRIVE SUITE 400 JACKSON, MS 39232		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072004 Chg-P CR2E034 (10/03)	
4. FEI Number 86-0275686				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA COMMISSIONER OF INSURANCE P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOUGH, JOHN E		NAME		
STREET ADDRESS	3900 LAKELAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSON, MS 39232		CITY-ST-ZIP		
TITLE	D		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KLOTZ, ARTHUR W		NAME	Charles H. Shamburger, III	
STREET ADDRESS	11222 QUAIL ROOST DRIVE		STREET ADDRESS	3900 Lakeland Dr., Ste 400	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP	Jackson, MS 39232	
TITLE	D		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, MICHAEL D		NAME		
STREET ADDRESS	400 CARILLON PARKWAY STE 300		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, MS 33716		CITY-ST-ZIP		
TITLE	VPS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEGGEN, ARTHUR W		NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	DCEO		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMNIN, ADAM D		NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	VPT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOURAL, AMELIA		NAME		
STREET ADDRESS	11222 QUAIL ROOST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
12. 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 supplement to 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Charles H. Shamburger, III 3-04-04 601-420-4909		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		