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May 02, 2003 8:00 am
Secretary of State

05-02-2003 90364 039 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10693

1. Entity Name

MS LIFE INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3900 LAKELAND DRIVE	3900 LAKELAND DRIVE
Suite, Apt. #, etc.: STE 400	Suite, Apt. #, etc.: STE. 400
City & State: JACKSON, MS	City & State: JACKSON, MS
Zip: 39232 Country: USA	Zip: 39232 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 86-0275686 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: FLORIDA COMMISSIONER OF INSURANCE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
DP	JOHN E. GOUGH 3900 LAKELAND DRIVE, STE 400 JACKSON, MS 39232
D	MICHAEL D. ANDERSON 400 CARILLON PARKWAY, STE 300 ST. PETERSBURG, FL 33716
DCEO	ADAM D. LAMNIN 11222 QUAIL ROOST DRIVE MIAMI, FL 33157
VPT	AMELIA TOURAL 11222 QUAIL ROOST DRIVE MIAMI, FL 33157
VPS	ARTHUR W. HEGGEN 11222 QUAIL ROOST DRIVE MIAMI, FL 33157
D	KEVIN KLOTZ 11222 QUAIL ROOST DRIVE MIAMI, FL 33157

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CR2E034B (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Michael D. Anderson 2-12-03 727-556-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #