SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17205** **(6)**

1. Corporation Name

MS CASUALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
% H.W. BUSCHING, PRESIDENT 715 S. PEAR ORCHARD RD. STE 400. PO 6005 RIDGELAND MS 39157	% H.W. BUSCHING, PRESIDENT 715 S. PEAR ORCHARD RD. STE 400. PO 6005 RIDGELAND MS 39157

3. Date Incorporated or Qualified: **12/14/1987**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21 Tom L. Ostenson
Suite #/etc 400
22 715 S. Pear Orchard
City & State
23 Ridgeland, MS
Zip 24 39157 Country 25 USA

2a. Mailing Address
26 Tom L. Ostenson
Suite, Apt. #, etc.
27 P. O. Box 6005
City & State
28 Ridgeland, MS
Zip 29 39158 Country 30 USA

4. FEI Number: **65-0681628** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUSCHING, HAROLD W.		1.2 NAME		
STREET ADDRESS	715 S. PEAR ORCHARD #400		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS		1.4 CITY-ST-ZIP		
TITLE	D/C	☐ DELETE	2.1 TITLE	D/C	☒ Change ☐ Addition
NAME	STUART, JAMES B., JR.		2.2 NAME		
STREET ADDRESS	715 S. PEAR ORCHARD #400		2.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FURMAN, ROBERT S.		3.2 NAME		
STREET ADDRESS	715 S. PEAR ORCHARD #400		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HERRIN, CARL		4.2 NAME		
STREET ADDRESS	HIGH ST AND 55 NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOGUE, HAROLD A		5.2 NAME		
STREET ADDRESS	715 S. PEAR ORCHARD #400		5.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCBRAYER, JAMES D.		6.2 NAME		
STREET ADDRESS	715 S. PEAR ORCHARD RD., #400		6.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND MS		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Robert S. Furman DATE 601/978-6732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #
Robert S. Furman, President