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Secretary of State

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UP 04/27/99

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17205

1. Corporation Name
MS CASUALTY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~C/O OSTENSON, TOM L~~
 715 S PEAR ORCHARD STE 400
 RIDGELAND MS 39157
 US

Mailing Address
~~C/O OSTENSON, TOM L~~
 P O BOX 6005
 RIDGELAND MS 39158
 US

3. Date Incorporated or Qualified
12/14/1987

4. FEI Number
64-0681628

5. Certificate of Status Desired Applied For
 Not Applicable **\$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

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, 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		
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	STUART, JAMES B., JR.	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	DC C/D ←	<input type="checkbox"/> DELETE
NAME	FURMAN, ROBERT S.	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HERRIN, CARL	
STREET ADDRESS	HIGH ST AND 55 NORTH	
CITY-ST-ZIP	JACKSON MS	
TITLE	DC D/V ←	<input type="checkbox"/> DELETE
NAME	HOGUE, HAROLD A	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE	DC T/V ←	<input type="checkbox"/> DELETE
NAME	MCBRAYER, JAMES D.	
STREET ADDRESS	715 S. PEAR ORCHARD RD., #400	
CITY-ST-ZIP	RIDGELAND MS 39157	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN E. GOUGH	
1.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400	
1.4 CITY-ST-ZIP	RIDGELAND, MS 39157	
2.1 TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOUSTON M. POWERS	
2.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400	
2.4 CITY-ST-ZIP	RIDGELAND, MS 39157	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MIKE D. ANDERSON	
3.3 STREET ADDRESS	715 S. PEAR ORCHARD RD. STE 400	
3.4 CITY-ST-ZIP	RIDGELAND, MS 39157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a power of attorney.

SIGNATURE: Harold A. Hogue HAROLD A. HOGUE 4/23/99 (601) 978-6732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)