

PROFIT CORPORATION
ANNUAL REPORT
2000



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

APPROVED
AND
FILED

00 APR 25 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17205
Corporation Name
MS CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address
715 S PEAR ORCHARD STE 400
RIDGELAND MS 39157
US
P O BOX 6005
RIDGELAND MS 39158
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
12/14/1987
4. FEI Number
64-0681628
Applied For
Not Applied For
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 owes the current year Intangible Personal Property Tax. 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, Not Applicable)
1000 S 29201 -- 0
85/04/00 01022-009
83 ***150.00 ***150.00
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP GOUGH, JOHN E.	11 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD #400	12 NAME	
STREET ADDRESS	RIDGELAND MS	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	DC FURMAN, ROBERT S.	21 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD #400	22 NAME	
STREET ADDRESS	RIDGELAND MS	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	DV ANDERSON, MICHAEL D.	31 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD RD. STE400	32 NAME	
STREET ADDRESS	RIDGELAND, MS 39157	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	DV HOGUE, HAROLD A	41 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD #400	42 NAME	
STREET ADDRESS	RIDGELAND MS	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	DVT MCBRAYER, JAMES D.	51 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD RD. #400	52 NAME	
STREET ADDRESS	RIDGELAND MS	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	DVS POWERS, HOUSTON M.	61 TITLE	<input type="checkbox"/> Change
NAME	715 S. PEAR ORCHARD RD. STE400	62 NAME	
STREET ADDRESS	RIDGELAND, MS 39157	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

[Handwritten Signature]

14. 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, and 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 as an attachment with an address, with all other like empowered

SIGNATURE: *John E. Gough* JOHN E. GOUGH 4/20/2000 (601) 978-6732