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

1. Corporation Name
MS CASUALTY INSURANCE COMPANY

Principal Place of Business
715 S PEAR ORCHARD STE 400
RIDGELAND MS 39157
US

Mailing Address
P O BOX 6005
RIDGELAND MS 39158
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
12/14/1987

4. FEI Number
64-0681628
Applied For
Not Applicable

5. Certifcate 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 is Not Acceptable)
83
84 City
FL
85 Zip Code

100003299201--0
-05/04/00--01022--009
****150.00 ****150.00

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

TITLE	DP	☐ DELETE
NAME	GOUGH, JOHN E.	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	DC	☐ DELETE
NAME	FURMAN, ROBERT S.	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	DV	☐ DELETE
NAME	ANDERSON, MICHAEL D.	
STREET ADDRESS	715 S. PEAR ORCHARD RD. STE400	
CITY-ST-ZIP	RIDGELAND, MS 39157	
TITLE		☒ DELETE
NAME	HOGUE, HAROLD A	
STREET ADDRESS	715 S. PEAR ORCHARD #400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	DVT	☐ DELETE
NAME	MCBRAYER, JAMES D.	
STREET ADDRESS	715 S. PEAR ORCHARD RD.. #400	
CITY-ST-ZIP	RIDGELAND MS	
TITLE	DVS	☐ DELETE
NAME	POWERS, HOUSTON M.	
STREET ADDRESS	715 S. PEAR ORCHARD RD. STE400	
CITY-ST-ZIP	RIDGELAND, MS 39157	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		☐ Change ☐ Add
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Add
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Add
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Add
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Add
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 119.07(3)(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 all other like empowered.

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