


112

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P17205 1. Entity Name MS CASUALTY INSURANCE COMPANY	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 18 PM 12:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3900 LAKELAND DRIVE Suite, Apt. #, etc. STE 400 City & State JACKSON, MS Zip 39232 Country USA	3. Mailing Address 3900 LAKELAND DRIVE Suite, Apt. #, etc. STE. 400 City & State JACKSON, MS Zip 39232 Country USA
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900022479499
08/21/03--01042--015 **150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0681628	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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) P.O. BOX 6200 (32314-6200) 200 E. GAINES ST	
	City Tallahassee	FL Zip 32399

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN E. GOUGH 3900 LAKELAND DRIVE, STE 400 JACKSON, MS 39232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL D. ANDERSON 400 CARILLON PARKWAY, STE 300 ST. PETERSBURG, FL 33716	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO ADAM D. LAMNIN 11222 QUAIL ROOST DRIVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT AMELIA TOURAL 11222 QUAIL ROOST DRIVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ARTHUR W. HEGGEN 11222 QUAIL ROOST DRIVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN KLOTZ 11222 QUAIL ROOST DRIVE MIAMI, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 information.

SIGNATURE:  **Michael D. Anderson** 2-12-03 727-556-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

8/18/03

212

3900 Lakeland Drive
Ste. 400
Jackson, MS 39232
PH 601.420.4909
FAX 601.420.4912



August 15, 2003

Mr. Andy Dunlap
Florida Department of Insurance
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: MS Casualty Insurance Company P17205

Dear Mr. Dunlap:

Please find enclosed our check in the amount of \$150.00 for the 2003 Uniform Business Report. As acknowledged in your email of July 25th we submitted, and your office received the original report on March 31, 2003. However, the check was inadvertently made payable to the Florida Department of Insurance and returned to us. We have reissued the check, made payable to the Florida Department of State.

Please do not hesitate to contact me if you require additional information. You may reach me at the address above, by telephone at 601-420-4909 ext 221 or email at nancy_johnston@assurant.com.

Sincerely,

A handwritten signature in cursive script that reads "Nancy L. Johnston".

Nancy L. Johnston, ACS, AIAA, AIRC, CPIW, CPP
Regulatory Compliance Administrator

Enclosures