


112

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 AUG 18 PM 12:46

DOCUMENT # P17205 1. Entity Name <b>MS CASUALTY INSURANCE COMPANY</b>	
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**DO NOT WRITE IN THIS SPACE**

900022479499  
08/21/03--01042--015 \*\*150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3900 LAKELAND DRIVE</b>		3. Mailing Address <b>3900 LAKELAND DRIVE</b>	
Suite, Apt. #, etc. <b>STE 400</b>		Suite, Apt. #, etc. <b>STE. 400</b>	
City & State <b>JACKSON, MS</b>		City & State <b>JACKSON, MS</b>	
Zip <b>39232</b>	Country <b>USA</b>	Zip <b>39232</b>	Country <b>USA</b>
4. FEI Number <b>64-0681628</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent		
	Name <b>FLORIDA COMMISSIONER OF INSURANCE</b>		
	Street Address (P.O. Box Number is Not Acceptable) <b>P.O. BOX 6200 (32314-6200)</b>		
	<b>200 E. GAINES ST</b>		
City <b>Tallahassee</b>		FL	Zip <b>32399</b>

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 re-registering) DATE \_\_\_\_\_

<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	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	<b>DP JOHN E. GOUGH</b> <b>3900 LAKELAND DRIVE, STE 400</b> <b>JACKSON, MS 39232</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MICHAEL D. ANDERSON</b> <b>400 CARILLON PARKWAY, STE 300</b> <b>ST. PETERSBURG, FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCEO ADAM D. LAMNIN</b> <b>11222 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT AMELIA TOURAL</b> <b>11222 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS ARTHUR W. HEGGEN</b> <b>11222 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEVIN KLOTZ</b> <b>11222 QUAIL ROOST DRIVE</b> <b>MIAMI, FL 33157</b>	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 reports 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 incorporators.

SIGNATURE: Michael D. Anderson **Michael D. Anderson** 2-18-03 727-556-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Florida #

CR2E034B (12/02)

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212

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

**Assurant** Group™

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 25<sup>th</sup> 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](mailto:nancy_johnston@assurant.com).

Sincerely,



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

Enclosures