

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90035 024 ***150.00

DOCUMENT # P18719	
1. Entity Name MGA INSURANCE COMPANY, INC.	

Principal Place of Business 3333 LEE PKWY SUITE 1200 DALLAS TX 75219 US	Mailing Address P.O. BOX 199023 DALLAS TX 75219
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 75-1767545		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

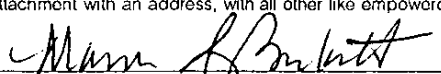
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE FL 32399-0000	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM, BETTY J 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WISDOM, JACKIBEN 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Wisdom, Jackiben 3333 Lee Pkwy ste 1200 Dallas TX 75219 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, GLENN 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOTS, DANIEL J 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BUXTON, RICHARD M 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BUEHLER, MARCIA L 3333 LEE PKWY STE 1200 DALLAS TX 75219 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC BorKett, Marcia L 3333 Lee Pkway ste 1200 Dallas TX 75219 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date: 3/26/07 Daytime Phone #: 972-629-4351