

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005476

Entity Name: MAGNOLIA INSURANCE MANAGEMENT COMPANY, INC.

Current Principal Place of Business:

116 WOODGREEN CROSSING
MADISON, MS 39110

Current Mailing Address:

P O BOX 1909
MADISON, MS 39130-1909 US

FEI Number: 81-0759758

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name MCCALL, LEE
Address 1001 HOLLAND AVENUE
City-State-Zip: PHILADELPHIA MS 39150

Title VICE CHAIRMAN
Name MOORE, TIMOTHY
Address 116 WOODGREEN CROSSING
City-State-Zip: MADISON MS 39110

Title SEC
Name FOSTER, EDWARD L
Address 116 WOODGREEN CROSSING
City-State-Zip: MADISON MS 39110

Title DIR
Name BUTLER, DAVID
Address 1314 19TH AVENUE
City-State-Zip: MERIDAN MS 39301

Title DIR
Name GIBBES, GREG
Address 701 S HOLLY AVENUE
City-State-Zip: COLLINS MS 39248

Title DIRP
Name BOURNE, LARRY C
Address 175 SUNDOWN COVE
City-State-Zip: MADISON MS 39110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY MOORE

VICE CHAIRMAN

05/07/2021

Electronic Signature of Signing Officer/Director Detail

Date