

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850722

Entity Name: THE GRAY INSURANCE COMPANY**Current Principal Place of Business:**3601 N I-10 SERVICE RD
METAIRIE, LA 70002-7045**Current Mailing Address:**P O BOX 6202
METAIRIE, LA 70009-6202 US**FEI Number: 72-0824217****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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	TD
Name	HUGHES, ROBERT M
Address	3601 N I-10 SERVICE RD W
City-State-Zip:	METAIRIE LA 70002-7045

Title	VPD
Name	GRAY, WALTER V
Address	3601 N I-10 SERVICE RD W
City-State-Zip:	METAIRIE LA 70002-7045

Title	PD
Name	GRAY, MICHAEL T
Address	3601 N I-10 SERVICE ROAD W
City-State-Zip:	METAIRIE LA 70002-7045

Title	CVPD
Name	GRAY, ERIC V
Address	3601 N I-10 SERVICE ROAD W
City-State-Zip:	METAIRIE LA 70002-7045

Title	S
Name	MANGUNO, MARK S
Address	3601 N I-10 SERVICE ROAD W
City-State-Zip:	METAIRIE LA 70002-7045

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT M. HUGHES**TREASURER****03/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date