

2020 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 EVPD
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

Title COO
Name BOUDREAUX, PAUL B III
Address 3601 N I-10 SERVICE RD
City-State-Zip: METAIRIE LA 70002-7045

Title DIRECTOR
Name GRAY, DENVER F III
Address 3601 N I-10 SERVICE RD
City-State-Zip: METAIRIE LA 70002-7045

Title DIRECTOR
Name SKUBA, JOSEPH F
Address 3601 N I-10 SERVICE RD
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****01/16/2020**

Electronic Signature of Signing Officer/Director Detail

Date