

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001842

1. Entity Name

GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INC

Principal Place of Business

P.O. BOX 2933  
FORT WORTH TX 76113-2933

Mailing Address

P.O. BOX 2933  
FORT WORTH TX 76113-2933

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ANDERSON, GLENN W	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COOTS, DANIEL J	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUXTON, RICHARD M	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRAHAM, J. LANDIS	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAABS, RICK A	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	
TITLE	V	<input type="checkbox"/> Delete
NAME	PITTS, JOSEPH W	
STREET ADDRESS	500 COMMERCE	
CITY-ST-ZIP	FT. WORTH TX 76102	

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray, Carolyn E.	
STREET ADDRESS	500 Commerce	
CITY-ST-ZIP	Fort Worth TX 76102	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Porcelli, Stephen L.	
STREET ADDRESS	500 Commerce	
CITY-ST-ZIP	Fort Worth TX 76102	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn E. Ray 1/26/01 (817)336-2500

Date

Daytime Phone #

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90200 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-1629914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034 (10/00)