

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90071 030 ***150.00

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1. Entity Name
GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INCORPORATED

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

4. FEI Number **75-1629914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

10. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	ANDERSON, GLENN W	
STREET ADDRESS	500 COMMERCE PO Box 2933	
CITY-ST-ZIP	FT. WORTH TX 76102-76113	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COOTS, DANIEL J	
STREET ADDRESS	500 COMMERCE PO Box 2933	
CITY-ST-ZIP	FT. WORTH TX 76102-76113	
TITLE	V	<input type="checkbox"/> Delete
NAME	BUXTON, RICHARD M	
STREET ADDRESS	500 COMMERCE PO Box 2933	
CITY-ST-ZIP	FT. WORTH TX 76102-76113	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAABS, RICK A	
STREET ADDRESS	500 COMMERCE PO Box 2933	
CITY-ST-ZIP	FT. WORTH TX 76102-76113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Graham	
STREET ADDRESS	PO Box 2933	
CITY-ST-ZIP	FT. WORTH, TX 76113	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackson Wisdom	
STREET ADDRESS	PO Box 2933	
CITY-ST-ZIP	FT. WORTH, TX 76113	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcia Buehler	
STREET ADDRESS	PO Box 2933	
CITY-ST-ZIP	FT. WORTH, TX 76113	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED COOTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/03

817-361-2500

Date

Daytime Phone #

CR2E034 (10/02)