

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F00000001842	
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



DO NOT WRITE IN THIS SPACE

08302005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-1629914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO ANDERSON, GLENN W P.O. BOX 2933 FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD COOTS, DANIEL J P.O. BOX 2933 FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUXTON, RICHARD M P.O. BOX 2933 FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GRAHAM, BETTY P.O. BOX 2953 FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WISDOM, JACKI BEN P.O. BOX 2933 FORT WORTH, TX 76113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUEHLER, MARCIA P.O. BOX 2933 FORT WORTH, TX 76113

**DO NOT WRITE
IN THIS SPACE**

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07/19/05-BU004-017 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-05

Date

217-336-2500

Daytime Phone #