


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90017 031 \*\*\*150.00

<b>DOCUMENT # F00000001842</b> 1. Entity Name <b>GENERAL AGENTS INSURANCE COMPANY OF AMERICA, INCORPORATED</b>			
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 <i>3333 Lee Parkway, Suite 1200</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 199023</i> Suite, Apt. #, etc.	
City & State <i>Dallas, Texas</i> Zip <i>75219</i>		City & State <i>Dallas, Texas</i> Zip <i>75219</i>	
4. FEI Number <b>75-1629914</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO	<input type="checkbox"/> Delete	
NAME	ANDERSON, GLENN W		
STREET ADDRESS	P.O. BOX 2933		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE	VTD	<input type="checkbox"/> Delete	
NAME	COOTS, DANIEL J		
STREET ADDRESS	P.O. BOX 2933		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE	V	<input type="checkbox"/> Delete	
NAME	BUXTON, RICHARD M		
STREET ADDRESS	P.O. BOX 2933		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE	V	<input type="checkbox"/> Delete	
NAME	GRAHAM, BETTY		
STREET ADDRESS	P.O. BOX 2953		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE	V	<input type="checkbox"/> Delete	
NAME	WISDOM, JACKI BEN		
STREET ADDRESS	P.O. BOX 2933		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE	V	<input type="checkbox"/> Delete	
NAME	BUEHLER, MARCIA		
STREET ADDRESS	P.O. BOX 2933		
CITY-ST-ZIP	FORT WORTH TX 76113		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	<i>3333 Lee Parkway, Suite 1200</i>		
CITY-ST-ZIP	<i>Dallas, Texas 75219</i>		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	<i>3333 Lee Parkway, Suite 1200</i>		
CITY-ST-ZIP	<i>Dallas, TX 75219</i>		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	<i>3333 Lee Parkway, Suite 1200</i>		
CITY-ST-ZIP	<i>Dallas, TX 75219</i>		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS	<i>3333 Lee Parkway, Suite 1200</i>		
CITY-ST-ZIP	<i>Dallas, TX 75219</i>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.			
<b>SIGNATURE:</b> <i>Marcia Buehler</i>		<i>1-25-06 972-629-4301</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	