**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
SANDRA B. MORTHAM
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003570 (9)**

1. Corporate Name
**DALLAS FIRE INSURANCE COMPANY**

Principal Place of Business
6112 MCCART AVENUE
200
FT. WORTH TE 76133
US

Mailing Address
6112 MCCART AVENUE
200
FT. WORTH TE 76133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1993
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City, State — 23
City, State — 28
Zip — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: 75-2263978 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has habitually delinquent for under § 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section [illegible] Florida Statutes, [illegible] hereby accept the appointment as registered agent. I further affirm that I am familiar with and accept the obligations of [illegible] Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PTD |
| NAME | MILAM, MICHAEL L |
| STREET ADDRESS | 6813 SAVANNAH LANE |
| CITY, STATE, ZIP | FT. WORTH TX |
| TITLE | VSD |
| NAME | BECK, RICHARD R |
| STREET ADDRESS | 4033 SHADOW DRIVE |
| CITY, STATE, ZIP | FORT WORTH TX 76116 |
| TITLE | D |
| NAME | ROTEN, ROBERT D |
| STREET ADDRESS | 7317 LEMON WOOD LANE |
| CITY, STATE, ZIP | FORT WORTH TX |
| TITLE | D |
| NAME | HOGUE, DAVID N |
| STREET ADDRESS | 1314 DARLENE LANE |
| CITY, STATE, ZIP | ARLINGTON TX |
| TITLE | D |
| NAME | MILAM, NOBLE C JR. |
| STREET ADDRESS | 4353 SPRINGBROOK |
| CITY, STATE, ZIP | ODESSA TX |
| TITLE | D |
| NAME | WORSHAM, LARRY A |
| STREET ADDRESS | 3401 WAYLAND |
| CITY, STATE, ZIP | FT. WORTH TX 76133 |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D — ☐ Change XX Add |
| NAME | KNIGHT, GEORGE HENDRICKS JR. |
| STREET ADDRESS | 25307 E 67TH STREET |
| CITY, STATE, ZIP | BROKEN ARROW OK 74014 |
| TITLE | ☐ Change ☐ Add |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TITLE | ☐ Change ☐ Add |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TITLE | ☐ Change ☐ Add |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TITLE | ☐ Change ☐ Add |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |
| TITLE | ☐ Change ☐ Add |
| NAME | |
| STREET ADDRESS | |
| CITY, STATE, ZIP | |

14. I hereby 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 12 or Block 13 of this report or on any attached schedule.

**SIGNATURE:** LARRY A. WORSHAM — 4/28/95 — (817) 294-9054
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0490000 FP