


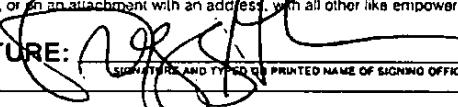
AMENDED
**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

04-18-2005 90344 043 ***150.00
 830709

FILED

05 MAY -4 AM 10: 47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
50038608

DOCUMENT # 830709			
1. Entity Name ARISTAR INSURANCE COMPAMY			
Principal Place of Business HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US		Mailing Address HIDDEN RIVER CORP. PARK 8900 GRAND OAK CIRCLE TAMPA, FL 33637 US	
2. Principal Place of Business 3001 Meacham Blvd		3. Mailing Address 3001 Meacham Blvd	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Fort Worth, TX		City & State Fort Worth, TX	
Zip 76137		Country USA	
4. FEI Number 04-2275299		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND BLVD. 8900 GRAND OAK CIRCLE FORT LAUDERDALE, FL 33324			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPS BURDITTY, JERRY T 8900 GRAND OAK CIRCLE TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Dava Sherrill Carson 3001 Meacham Blvd, Ste. 200 Fort Worth, TX 76137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD GODDARD, RICHARD 8900 GRAND OAK CIR TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Darrell Joseph Gambero 3001 Meacham Blvd, Ste. 200 Fort Worth, TX 76137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS THURSTON, BEVERLY 8900 GRAND OAK CIRCLE TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gregg Henry Lehman 3001 Meacham Blvd, Ste. 200 Fort Worth, TX 76137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WHITING, GARY E 8900 GRAND OAK CIR TAMPA, FL 33637 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Alan Lee Ingber 3001 Meacham Blvd, Ste. 200 Fort Worth, TX 76137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 it 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 in an attachment with an address, with all other links empowered.			
SIGNATURE: 		Gregg H. Lehman	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		4/1/2005	
		817/ 820-5854	
		Daytime Phone #	



04012005 Chg-P CR2E034 (10/03)

Handwritten signature/initials