

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -7 AM 11:31

SECRET OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 837909 (1)

1. Corporation Name  
FM GUARDIAN INSURANCE AGENCY, INC.

Principal Place of Business  
1991 CORPORATE AVE  
MEMPHIS TN 38132  
US

Mailing Address  
820 GESSNER RD  
STE 150  
HOUSTON TX 77024-4258  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 8001 Centerview Pkwy  
Suite, Apt. #, etc.  
22 Suite 202  
City & State  
23 Memphis, TN  
Zip  
24 38018  
Country  
25 USA

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
02/23/1977

3a. Date of Last Report  
04/06/1994

4. FEI Number  
62-0632621  
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 liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	THOMAS, RAYMOND L. 820 GESSNER RD #150 HOUSTON TX	1.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE AV	COOPER, RICHARD C 1991 CORPORATE AVE MEMPHIS TN	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	8001 Centerview Pkwy, Suite 202
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Memphis, TN 38018
TITLE ST	LINCK-HARTMANN, SUZANNE 820 GESSNER RD #150 HOUSTON TX	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE D	OSTER, SHELDON I. 820 GESSNER RD #150 HOUSTON TX	4.1 TITLE Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE D	THOMAS, RAYMOND L. 820 GESSNER RD #150 HOUSTON TX	5.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Robert Hoop	
STREET ADDRESS		5.3 STREET ADDRESS 333 Albert St., Suite 500	
CITY - ST - ZIP		5.4 CITY - ST - ZIP E. Lansing, MI 48823	
TITLE D	BARNABY, MERLE S. 325 84TH ST SW BYRON CENTER MI	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 if changed, or on an attachment with an address.

SIGNATURE *Suzanne Hartmann-Linck* Suzanne Hartmann-Linck 3/2/95 713-973-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR

**FM GUARDIAN INSURANCE AGENCY, INC.  
FLORIDA ANNUAL REPORT  
ADDITIONAL OFFICERS  
1995**

**Officers**

**James Hageny  
Assistant Vice President  
1507 E. Sunset, Suite 115  
Waukesha, WI 53186**

**Mark Hilliard  
Assistant Vice President  
820 Gessner Rd., Suite 150  
Houston, TX 77024**