

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 843478

1. Entity Name
TEXAS GENERAL INDEMNITY COMPANY



Principal Place of Business

**2115 WINNIE
PO BOX 1259
GALVESTON, TX 77550**

Mailing Address

**118 SECOND AVE SE
CEDAR RAPIDS, IA 52407**

DO NOT WRITE IN THIS SPACE



07092004 No Chg-P CR2E034 (10/03)

4. FEI Number
74-1071857

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**D
SEINSHEIMER, FELLMAN J III
2115 WINNIE
GALVESTON, TX 77550**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LOHEC, HELEN K
7606 BEAUDELAIRE
GALVESTON, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
MCINTYRE, JOHN S JR
118 SECOND AVE SE
CEDAR RAPIDS, IO 52407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RIFE, JOHN A
118 SECOND AVE SE
CEDAR RAPIDS, IO 52407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BAKER, KENT C
118 SECOND AVE SE
CEDAR RAPIDS, IA 52407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
SWAIN, RICHARD B
2115 WINNE
GALVESTON, TX 77550**

**DO NOT WRITE
IN THIS SPACE**

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07/15/04-80003-024 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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:

Dianne Lyons

Dianne Lyons

7-9-04

319-399-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #