

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 APR 18 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **843999** (4)

1. Corporation Name
RESERVE NATIONAL INSURANCE COMPANY

Principal Place of Business Mailing Address
6100 N GRAND BLVD OKLAHOMA CITY OK 73118 **6100 N GRAND BLVD OKLAHOMA CITY OK 73118**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/28/1979** 3a. Date of Last Report **07/06/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	73-0661453	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	7. This corporation has liability for franchise tax under § 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City	County		
24	25	29	30

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (Date Registered Agent accepted appointment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, ROGER	2. NAME	
STREET ADDRESS	3900 E. 15TH STREET	3. STREET ADDRESS	
CITY, ST, ZIP	EDMOND OK	4. CITY, ST, ZIP	
TITLE	VSD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, JOE	22. NAME	
STREET ADDRESS	1604 MORNING STAR	23. STREET ADDRESS	
CITY, ST, ZIP	EDMOND OK	24. CITY, ST, ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, DAVID R.	32. NAME	
STREET ADDRESS	12923 DEERFIELD CIR	33. STREET ADDRESS	
CITY, ST, ZIP	OKLA. CITY OK	34. CITY, ST, ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRYDE, MARY B	42. NAME	
STREET ADDRESS	2515 DITMER ROAD	43. STREET ADDRESS	
CITY, ST, ZIP	OKLA. CITY, OK	44. CITY, ST, ZIP	
TITLE	VD	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMILL, RANDY	52. NAME	
STREET ADDRESS	6408 ANN ARBOR TERR	53. STREET ADDRESS	
CITY, ST, ZIP	OKLA. CITY OK	54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	V/T
STREET ADDRESS		63. STREET ADDRESS	Higgs, Gary E.
CITY, ST, ZIP		64. CITY, ST, ZIP	7309 NW 114th Street Oklahoma City, OK 73162

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 199.07(6)(b), 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. 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 an attachment with an address.

SIGNATURE: Gary E. Higgs
(Signature typed or printed name of signing officer or director)

4-13-95 (405) 848-7931
Date (typed here)