

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **843999** (4)

1. Corporation Name

RESERVE NATIONAL INSURANCE COMPANY



Principal Place of Business

**6100 N GRAND BLVD
OKLAHOMA CITY OK 73118**

Mailing Address

**6100 N GRAND BLVD
OKLAHOMA CITY OK 73118**

3. Date Incorporated or Qualified
08/28/1979

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FET Number

73-0661453

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

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **COLE, ROGER**
CITY-ST-ZIP **3900 E. 15TH STREET**
EDMOND OK

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **COLE, JOE**
CITY-ST-ZIP **1604 MORNING STAR**
EDMOND OK

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **DICKEY, DAVID R.**
CITY-ST-ZIP **12923 DEERFIELD CIR**
OKLA. CITY OK

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MCBRYDE, MARY B**
CITY-ST-ZIP **2515 DITMER ROAD**
OKLA. CITY, OK

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **GAMMILL, RANDY**
CITY-ST-ZIP **6408 ANN ARBOR TERR**
OKLA. CITY OK

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **HIGGS, GARY E**
CITY-ST-ZIP **7309 NW 114TH ST.**
OKLAHOMA CITY OK

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

GARY E HIGGS

APRIL 25, 1996

405/848-7931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)