

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 16, 1999 8:00 am
Secretary of State

07-16-1999 90012 042 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 843999 ✓
 1. Corporation Name
RESERVE NATIONAL INSURANCE COMPANY



Principal Place of Business: 6100 NW GRAND BLVD OKLAHOMA CITY OK 73118
 Mailing Address: 6100 NW GRAND BLVD OKLAHOMA CITY OK 73118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/28/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		73-0661453	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
25		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property.	
INSURANCE COMMISSIONER STATE OF FLORIDA, CAPITOL BLDG. TALLAHASSEE FL FL				<input type="checkbox"/> Yes <input type="checkbox"/> 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 FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD COLE, ROGER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3900 E. 15TH STREET	1.2 NAME	
STREET ADDRESS	EDMOND OK	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD COLE, JOE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1604 MORNING STAR	2.2 NAME	VS COLE, JOE
STREET ADDRESS	EDMOND OK	2.3 STREET ADDRESS	1604 MORNING STAR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	EDMOND OK
TITLE	VD DICKEY, DAVID R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12923 DEERFIELD CIR	3.2 NAME	
STREET ADDRESS	OKLA. CITY OK	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GAMMILL, RANDY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6409 PLUM THicket	4.2 NAME	
STREET ADDRESS	OKLAHOMA CITY OK	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VT HIGGS, GARY E	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7309 NW 114TH ST.	5.2 NAME	
STREET ADDRESS	OKLAHOMA CITY OK	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MOHR M.D., DR. JOHN A.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5121 NE 50TH	6.2 NAME	
STREET ADDRESS	OKLAHOMA CITY OK	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____ DATE: 7-6-99 DAYTIME PHONE #: (405) 848-7931

CR2E034 (5/99)