

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

07-16-1999 90012 042 ***550.00

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

3. Date Incorporated or Qualified

08/28/1979

4. FEI 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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

TITLE **D** ☒ DELETE
NAME **GAMMILL, RANDY**
STREET ADDRESS **8409 PLUM THICKET**
CITY-ST-ZIP **OKLAHOMA CITY OK**

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

TITLE **D** ☒ DELETE
NAME **MOHR M.D., DR. JOHN A.**
STREET ADDRESS **5121 NE 50TH**
CITY-ST-ZIP **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 ☒ Change ☐ Addition
2.2 NAME **VS**
2.3 STREET ADDRESS **COLE, JOE**
2.4 CITY-ST-ZIP **1604 MORNING STAR**
EDMOND OK

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED

7-6-99

(405) 848-7931

Date

Daytime Phone #

CR2E034 (5/99)

0120250