

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90095 037 ***150.00

0610807 AT

DOCUMENT # 843999

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-0661453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6.. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9.. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
 NAME **VIE, RICHARD**
 STREET ADDRESS **ONE EAST WACKER DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **D** ☐ Delete
 NAME **SOUTHWELL, DONALD**
 STREET ADDRESS **ONE EAST WACKER DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

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

TITLE **D** ☐ Delete
 NAME **WOOD, CHARLES**
 STREET ADDRESS **ONE EAST WACKER DRIVE**
 CITY-ST-ZIP **CHICAGO IL 60601**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Gary Higgs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

Date

405/848-7931

Daytime Phone #

CR2E034 (9/01)