


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 843999
 1. Entity Name
RESERVE NATIONAL INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number
73-0661453 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000074077
 03/03/04-80003-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, ROGER 3900 E. 15TH STREET EDMOND, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS COLE, JOE 1604 MORNING STAR EDMOND, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIE, RICHARD ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWELL, DONALD ONE EAST WACKER DRIVE CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HIGGS, GARY E 7309 NW 114TH ST. OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, CHARLES ONE EAST WACKER DRIVE CHICAGO, IL 60601

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HIGGS 2-23-04 405-848-7931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #