

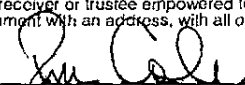


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		02172005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 73-0661453	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. 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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000250671 03/04/05-80020-013 150.00
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	COLE, ROGER		
STREET ADDRESS	3900 E. 15TH STREET		
CITY-ST-ZIP	EDMOND, OK		
TITLE	VS		
NAME	COLE, JOE		
STREET ADDRESS	1604 MORNING STAR		
CITY-ST-ZIP	EDMOND, OK		
TITLE	D		
NAME	VIE, RICHARD		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60601		
TITLE	D		
NAME	SOUTHWELL, DONALD		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60601		
TITLE	VT		
NAME	HIGGS, GARY E		
STREET ADDRESS	7309 NW 114TH ST.		
CITY-ST-ZIP	OKLAHOMA CITY, OK		
TITLE	D		
NAME	WOOD, CHARLES		
STREET ADDRESS	ONE EAST WACKER DRIVE		
CITY-ST-ZIP	CHICAGO, IL 60601		
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: 		Roger Cole	2/23/2005 405-848-7931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #