2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 843999

Entity Name: RESERVE NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

6100 NW GRAND BLVD
OKLAHOMA CITY, OK 73118

New Principal Place of Business:

Current Mailing Address:

6100 NW GRAND BLVD
OKLAHOMA CITY, OK 73118

New Mailing Address:

FEI Number: 73-0661453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CROSSLEY, ORIN	
Address:	2345 TUTTINGTON	
City-St-Zip:	OKLAHOMA CITY, OK 73170	
Title:	C	( ) Delete
Name:	COLE, JOE,	
Address:	2709 S. AIR DEPOT	
City-St-Zip:	EDMOND, OK 73013	
Title:	D	( ) Delete
Name:	VIE, RICHARD	
Address:	ONE EAST WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60601	
Title:	VPS	( ) Delete
Name:	SCHALLHORN, ANDREW	
Address:	9300 ALLISON LANE	
City-St-Zip:	OKLAHOMA CITY, OK 73152	
Title:	VT	( ) Delete
Name:	HIGGS, GARY E	
Address:	12405 MAIDEN LANE	
City-St-Zip:	OKLAHOMA CITY, OK 73142	
Title:	D	( ) Delete
Name:	KONAR, ED	
Address:	ONE EAST WACKER DRIVE	
City-St-Zip:	CHICAGO, IL 60601	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY BARTON VP 01/14/2009

Electronic Signature of Signing Officer or Director — Date