FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 851719

) american insurance co	OMPANY				
ce of Business	Mailing Address			50 505) D1011 D3013 B303 B1031 D1013	
EBRIDGE DR	P O BOX 8080 PO BOX 810 MCKINNEY TX 75070 US		3. Date Incorporated or Qualifed	E IN THIS SPACE	
Place of Business	2a. Mailing Address	·		Applie	nd For
	26			⊢	pplicable
t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
ate	City & State		Election Campaign Financing Trust Fund Contribution	□ \$5.00 Ma Added to F	
Country 25	Zip 29	Country 30	This corporation owes the curre Personal Property Tax.		No
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	egistered Agent	
ORIDA STATE INSURANCE COMM	ISSIONER				
E CAPITOL BUILDING	• *	82 Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	
TALLAHASSEE FL: 32301		83			
		84 City	১ বলৈ চি চি চি চু চু বিভিন্ন ক্ষিত্ৰ ক ক্ষিত্ৰ ক্ষিত্ৰ	85 Zip Cod	\$150 (\$3) 6 ************************************
t to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was au	s, the above-named co thorized by the corpora	prporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its reg the appointment as regist	jistered ered .
am familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statutes			
•		du dialato.			
Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:		sired when reinstating); / (\) / (*)	DATE	
			ADDITIONS/CHANGES TO OFF		IN 12
Signature, typed or printed name of registered agent OFFICERS ANI		Registered Agent signature requ		ICERS AND DIRECTORS	IN 12
Signature, typed or printed name of registered agent OFFICERS ANI VD MONTGOMERY, ROSEMARY J	D DIRECTORS	Registered Agent signature requ		ICERS AND DIRECTORS	
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	Place of Business #, etc. Country 25 9 Name and Address of Curren PRIDA STATE INSURANCE COMM E CAPITOL BUILDING LAHASSEE FL 32301	EBRIDGE DR P O BOX 8090 PO BOX 810 MCKINNEY TX 75070 US Place of Business 2a. Mailing Address 26#, etc. Suite, Apt. #, etc. 27 tte City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent PRIDA STATE INSURANCE COMMISSIONER E CAPITOL BUILDING LAHASSEE FL 32301	Place of Business 2a. Mailing Address 26 4, etc. Suite, Apt. #, etc. 27 tee Country 25 29 9. Name and Address of Current Registered Agent CRIDA STATE INSURANCE COMMISSIONER E CAPITOL BUILDING LAHASSEE FL 32301 P O BOX 8090 PO BOX 810 MCKINNEY TX 75070 US 2a. Mailing Address 2b. Walling Address 2c. Suite, Apt. #, etc. 27 Country 2b. Country 2c. 2c. 2d. Mailing Address 2d. Suite, Apt. #, etc. 27 Country 25 29 30 P O BOX 8090 PO BOX 810 PO BOX 8090 PO BOX 809	BRIDGE DR P O BOX 8000 PO BOX 810 MCKINNEY TX 75070 US 2a. Mailing Address 2b. Mailing Address Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing	EBRIDGE DR P O BOX 8080 PO BOX 810 MCKINNEY TX 75070 US 3. Date Incorporated or Qualifed 01/13/1982 4. FEI Number 73-1128555 Not A Fee Requ te City & State City & State 28. Country 29 30 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent DRIDA STATE INSURANCE COMMISSIONER E CAPITOL BUILDING LAHASSEE FL 32301 BY ONOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/13/1982 4. FEI Number 73-1128555 Not A Fee Requ Fee Requ Frust Fund Contribution Added to Fee Requ Frust Fund Contribution Added to Fee Requ Fee

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, of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

COLEMAN, GARY L. 1901 CAMPBELL TRAIL

RICHARDSON TX

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90009 015 ***150.00

1-22-99 972 569 3214

CR2E034 (11/98)