


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90096 026 \*\*\*158.75

**DOCUMENT # F0400003174**  
1. Entity Name  
**TEXAS INTERNATIONAL LIFE INSURANCE COMPANY**



Principal Place of Business  
**6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
AUSTIN, TX 78730**

Mailing Address  
**6300 BRIDGPOINT PKWY., BLDG 1, STE. 340  
AUSTIN, TX 78730**

**50057225**



2. Principal Place of Business  
**6300 Bridge Point Pkwy  
Bldg One, Ste. 340  
Austin, TX  
78730**

3. Mailing Address  
**6300 Bridge Point Pkwy  
Bldg One, Ste. 340  
Austin, TX  
78730**

07052005 Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  
**BORING, STANLEY  
238 GLEASON PARKWAY  
CAPE CORAL, FL 33914**

4. FEI Number  
**75-1458525**

Applied For  
 Not Applicable

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

B. 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 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DOZE, LARRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GILCHRIST, HAL DAVID 300 LAKESIDE DR. LIBERTY, MO 64068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZE, ANGELA 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOZE, AMY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILFER, PAM 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOMMACK, SHERRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P Larry J. Doze 6300 Bridge Point Pkwy, Bldg One, Ste. 340 Austin, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Frank R Thompson 6300 Bridge Point Pkwy, Bldg One, Ste 340 Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Robert E. Janquas 6300 Bridge Point Pkwy, Bldg. One, Ste. 340 Austin, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Pam A. Hilfer 6300 Bridge Point Pkwy, Bldg. One, Ste. 340 Austin, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D/S Sherry B. Wommack 6300 Bridge Point Pkwy, Bldg One, Ste. 340 Austin, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank R Thompson 7/8/05 512-342-1912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #