


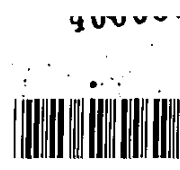
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90324 047 ***158.75

DOCUMENT # F04000003174	
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
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2. Principal Place of Business - No P.O. Box # 6300 BRIDGE POINT PKWY Suite, Apt. #, etc. BLDG 1, SUITE 340	3. Mailing Address 6300 BRIDGE POINT PKWY Suite, Apt. #, etc. BLDG 1, SUITE 340
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04102007 Chg-P CR2E034 (12/06)

City & State AUSTIN TX	City & State AUSTIN TX	4. FEI Number 75-1458525	Applied For <input type="checkbox"/> Not Applicable
Zip 78730	Country US	Zip 78730	Country US

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DOZE, LARRY J 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP LARRY J. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, FRANK R 6300 BRIDGE POINT PKWY, BLDG ONE, STE 340 AUSTIN, TX 78730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S/D FRANK R THOMPSON 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANCAUS, ROBERT E 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELA A. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILFER, PAM 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANNY L. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WOMMACK, SHERRY 6300 BRIDGPOINT PKWY., BLDG 1, STE. 340 AUSTIN, TX 78730 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY J. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 FRANK R. THOMPSON 4/16/07 512-617-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #