


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90032 002 ***150.00

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 #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40000



04092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
 155 OFFICE PLAZA DR.
 SUITE A
 TALLAHASSEE, FL 32301**

4. FEI Number
75-1458525

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input type="checkbox"/> Delete DOZE, LARRY J 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD <input type="checkbox"/> Delete THOMPSON, FRANK R 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DOZE, ANGELA A 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HILFER, PAM 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WOMMACK, SHERRY 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KELLY J. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANNY L. DOZE 6300 BRIDGE POINT PKWY, BLDG 1, SUITE 340 AUSTIN, TX 78730
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 DATE: 4/9/08 DAYTIME PHONE: (512) 617-6701