

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 843999

**Entity Name:** RESERVE NATIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

601 E BRITTON ROAD  
OKLAHOMA CITY, OK 73114

**Current Mailing Address:**

601 E BRITTON ROAD  
OKLAHOMA CITY, OK 73114

**FEI Number:** 73-0661453

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STEELE, CHARLES  
Address        601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title            DIRECTOR  
Name            STEELE, CHARLES  
Address        601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title            DIRECTOR  
Name            MINDAK, MAXWELL T  
Address        200 EAST RANDOLPH STREET  
                 SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title            SECRETARY  
Name            SNIDER, SCOTT  
Address        601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title            DIRECTOR  
Name            GREEN, MARK  
Address        200 EAST RANDOLPH STREET  
                 SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title            VP  
Name            CONRAD, KYLE  
Address        601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title            VP  
Name            CAMILLO, JOHN  
Address        ONE TOWER LANE  
                 LOWER LEVEL  
City-State-Zip: OAKBROOK TERRACE IL 60181

Title            VP  
Name            COLE, KEMPNER  
Address        601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

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*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES STEELE

**PRESIDENT**

**04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name GORDON, RAYMUND  
Address 601 E BRITTON ROAD  
City-State-Zip: OKLAHOMA CITY OK 73114

Title DIRECTOR  
Name MCGILL, TROY  
Address 200 EAST RANDOLPH STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name BOSCHELLI, JOHN  
Address 200 EAST RANDOLF STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601

Title DIRECTOR  
Name MOSES, CHRISTOPHER  
Address 200 EAST RANDOLPH STREET  
SUITE 3300  
City-State-Zip: CHICAGO IL 60601