

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 801824 (4)

1. Corporation Name

RANGER INSURANCE COMPANY



Principal Place of Business

Mailing Address

10777 WESTHEIMER  
P.O. BOX 2807  
HOUSTON TX 77252

10777 WESTHEIMER  
P.O. BOX 2807  
HOUSTON TX 77252

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/26/1923

3a. Date of Last Report

05/01/1995

4. FEL Number

74-1280541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDBURG, THOMAS H.	
STREET ADDRESS	10777 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 77252	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COATS, DOUGLAS J.	
STREET ADDRESS	10777 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BLASINGAME, BARBARA	
STREET ADDRESS	10777 WESTHEIMER	
CITY-ST-ZIP	HOUSTON, TX 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NIMMO, THOMAS D.	
STREET ADDRESS	10777 WESTHEIMER	
CITY-ST-ZIP	HOUSTON TX	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HALLMAN, DWAYNE D	
STREET ADDRESS	10777 WESTHEIMER	
CITY-ST-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WALLNER, PETER M.	
1.3 STREET ADDRESS	10777 WESTHEIMER	
1.4 CITY-ST-ZIP	HOUSTON, TX 77042	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SABO, ROBERT J.	
2.3 STREET ADDRESS	10777 WESTHEIMER	
2.4 CITY-ST-ZIP	HOUSTON, TX 77042	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	HOUSTON, TX 77042	
4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KENNY, JOHN L.	
4.3 STREET ADDRESS	10777 WESTHEIMER	
4.4 CITY-ST-ZIP	HOUSTON, TX 77042	
5.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HERBERT, ROBERT K.	
5.3 STREET ADDRESS	10777 WESTHEIMER	
5.4 CITY-ST-ZIP	HOUSTON, TX 77042	
6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	QUIRIN, PHILIP J.	
6.3 STREET ADDRESS	10777 WESTHEIMER	
6.4 CITY-ST-ZIP	HOUSTON, TX 77042	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. SABO

3-21-96

Date

(713) 954 8100

Display or Phone #

CR2E034 (12/95)