

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801824

(4)

1. Corporation Name

RANGER INSURANCE COMPANY

Principal Place of Business

10777 WESTHEIMER
P.O. BOX 2807
HOUSTON TX 77252

Mailing Address

10777 WESTHEIMER
P.O. BOX 2807
HOUSTON TX 77252-2807

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

24 25 29 30 9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
TALLAHASSEE FL 32301

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/26/1923

3a. Date of Last Report

04/02/1996

4. FEI Number

74-1280541

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

10. Name and Address of New Registered Agent

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 of registered agent or of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WALLNER, PETER M. | |
| STREET ADDRESS | 10777 WESTHEIMER | |
| CITY-ST-ZIP | HOUSTON, TX 77252 | |
| TITLE | CTD | <input type="checkbox"/> DELETE |
| NAME | SABO, ROBERT 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 | VD | <input type="checkbox"/> DELETE |
| NAME | KENNY, JOHN L. | |
| STREET ADDRESS | 10777 WESTHEIMER | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | HERBERT, ROBERT K. | |
| STREET ADDRESS | 10777 WESTHEIMER | |
| CITY-ST-ZIP | HOUSTON TX | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | QUIRIN, PHILLIP J. | |
| STREET ADDRESS | 10777 WESTHEIMER | |
| CITY-ST-ZIP | HOUSTON TX | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|------------------------------------------------------------------------------|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | VTD |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | V |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

14. I do 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 is dated 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

(713) 954-8100

Vice President & COO & Treasurer

CR2E034 (9/96)