FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

1995 MAY -1 AM 11:52

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DOCUMENT # 805821 (6)

1. Corporation Name

GULF INSURANCE COMPANY

Principal Place of Business	Mailing Address
4600 FULLER DR. P.O. BOX 1771 IRVING TX 75038	4600 FULLER DR. P.O. BOX 1771 IRVING TX 75038

3. Date Incorporated or Qualified: 09/25/1944
3a. Date of Last Report: 04/22/1994
4. FEI Number: 43-6028696 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	TITLE	D ☒ Change ☐ Addition
NAME	FADDEN, JEROME T.	NAME	FADDEN, JEROME T.
STREET ADDRESS	65 E. 55TH ST	STREET ADDRESS	65 E. 55TH STREET
CITY ST ZIP	NEW YORK NY	CITY ST ZIP	NEW YORK, NY
TITLE	VS	TITLE	S/V/D ☒ Change ☐ Addition
NAME	DECARLO, DONALD T.	NAME	DECARLO, DONALD T.
STREET ADDRESS	200 PARK AVE. 31ST. FL.	STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR
CITY ST ZIP	NEW YORK NY	CITY ST ZIP	NEW YORK, NY 10013-2396
TITLE	VP	TITLE	☐ Change ☐ Addition
NAME	MESSICK,BILL W.	NAME	
STREET ADDRESS	4600 FULLER DR.	STREET ADDRESS	
CITY ST ZIP	IRVING, TX 0	CITY ST ZIP	
TITLE	AT	TITLE	☐ Change ☐ Addition
NAME	ZACHARY, WAYNE REED, JR.	NAME	
STREET ADDRESS	4600 FULLER DR.	STREET ADDRESS	
CITY ST ZIP	IRVING, TX 0	CITY ST ZIP	
TITLE	S	TITLE	V/D TAW 5-1-95 ☒ Change ☐ Addition
NAME	AYERS, OSCAR L	NAME	AYERS, OSCAR L.
STREET ADDRESS	4600 FULLER DR.	STREET ADDRESS	4600 FULLER DRIVE
CITY ST ZIP	IRVING, TX 0	CITY ST ZIP	IRVING, TEXAS 75038
TITLE	P	TITLE	P/C/CEO/D ☒ Change ☐ Addition
NAME	WATSON, CHRISTOPHER ER	NAME	WATSON, CHRISTOPHER E.
STREET ADDRESS	200 PARK AVE 31ST FLOOR	STREET ADDRESS	388 GREENWICH STREET, 21ST FLOOR
CITY ST ZIP	NEW YORK NY	CITY ST ZIP	NEW YORK, NY 10013-2396

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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6, 1995 — Date

214-650-2800 — Daytime Phone #

0473027 FP