

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90101 015 ***150.00

DOCUMENT # 805821

1. Corporation Name

GULF INSURANCE COMPANY

Principal Place of Business

**4600 FULLER DR.
P.O. BOX 1771
IRVING TX 75038**

Mailing Address

**4600 FULLER DR.
P.O. BOX 1771
IRVING TX 75038**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1944

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BANTIS, SPIRO K**
STREET ADDRESS **388 GREENWICH ST**
CITY-ST-ZIP **NY NY**

TITLE **SVD** ☐ DELETE

NAME **DECARLO, DONALD T.**
STREET ADDRESS **388 GREENWICH STREET 21SR FLOOR**
CITY-ST-ZIP **NEW YORK NY 10013-2396**

TITLE **SRVP** ☒ DELETE

NAME **MESSICK, BILL W.**
STREET ADDRESS **4600 FULLER DR.**
CITY-ST-ZIP **IRVING, TX 0**

TITLE **AT** ☐ DELETE

NAME **ZACHARY, WAYNE REED, JR.**
STREET ADDRESS **4600 FULLER DR.**
CITY-ST-ZIP **IRVING, TX 0**

TITLE **VD** ☐ DELETE

NAME **ZIEGLER, KENT W**
STREET ADDRESS **388 GREENWICH ST 21ST FL**
CITY-ST-ZIP **NY NY**

TITLE **PCEO** ☐ DELETE

NAME **WATSON, CHRISTOPHER ER**
STREET ADDRESS **388 GREENWICH STREET, 21ST FLOOR**
CITY-ST-ZIP **NEW YORK NY 10013-2396**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Sharon S. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Controller 4/23/99

Date

(972) 650-2800

Daytime Phone #

CR2E034 (11/98)

0541876