

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 808044

FILED
Apr 14, 2010
Secretary of State

Entity Name: GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

2211 NE LOOP 410
SAN ANTONIO, TX 78217

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 659567
SAN ANTONIO, TX 78265 US

New Mailing Address:

FEI Number: 74-0651020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD
Name: HUTCHINS, PAMELA A
Address: 2211 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

Title: V
Name: HOFFMAN, WILLIAM M.
Address: 2211 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

Title: PCD
Name: HENNESSY, P.J. III
Address: 2211 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

Title: VD
Name: HENNESSEY, PETER J. IV
Address: 2211 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

Title: VTD
Name: MENDOZA, LOURDES
Address: 221 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

Title: VDS
Name: FERGUSON, C.A.
Address: 2211 NE LOOP 410
City-St-Zip: SAN ANTONIO, TX 78217

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: LOURDES MENDOZA

VTD

04/14/2010

Electronic Signature of Signing Officer or Director

Date