

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90038 037 \*\*\*158.75

**DOCUMENT # 810697**

1. Entity Name  
OCCIDENTAL LIFE INSURANCE COMPANY OF NORTH  
CAROLINA



Principal Place of Business  
425 AUSTIN AVENUE  
WACO, TX 76701 US

Mailing Address  
P.O. BOX 2595  
WACO, TX 76702-2595 US

60016100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number  
56-0343440

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT ☐ Delete  
NAME SCHAFER, DARLA A  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME DUNLAP, JOE W  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME PEAVY, SHELBY L  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME SAUCEDO, CYNTHIA L  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME BLANTON, MICHEAL J  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME AIELLO, GARY E  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

TITLE V ☐ Change ☒ Addition  
NAME SLIVA, DARREN G.  
STREET ADDRESS 425 AUSTIN AVENUE  
CITY-ST-ZIP WACO, TX 76701

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2006

Date

254-271-2775

Daytime Phone