

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90111 024 ***150.00

DOCUMENT # 813472

1. Entity Name
BANKERS MULTIPLE LINE INSURANCE COMPANY



Principal Place of Business
**12001 N CENTRAL EXP
STE 500 MC 13-03
DALLAS TX 75243
US**

Mailing Address
**PO BOX 749005
DALLAS TX 75347
US**

2. Principal Place of Business

8710 FREEPORT PARKWAY

Suite, Apt. #, etc.

SUITE 150

City & State
IRVING, TEXAS

Zip
75063

Country

USA

3. Mailing Address

P.O. BOX 749005

Suite, Apt. #, etc.

DALLAS, TX

City & State

Zip
75374-9005

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-2490086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER
AND TREASURER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **RODNEY D. MOORE**
STREET ADDRESS **12001 N CENTRAL EXP STE 500**
CITY-ST-ZIP **DALLAS TX 75243**

TITLE **TD** ☐ Delete
NAME **SUSAN A. BROWN**
STREET ADDRESS **12001 N CENTRAL EXP STE 500**
CITY-ST-ZIP **DALLAS TX 75243**

TITLE **D** ☐ Delete
NAME **GREINER, CHARLES L.**
STREET ADDRESS **10103 SYCAMORE SHOALS COURT.**
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **VA** ☐ Delete
NAME **RICHARD P. PIMSNER**
STREET ADDRESS **12001 N CENTRAL EXPWY STE 500**
CITY-ST-ZIP **DALLAS TX 75243**

TITLE **V** ☒ Delete
NAME **SEMONS, DEBORA LYNN**
STREET ADDRESS **717 N HARWOOD**
CITY-ST-ZIP **DALLAS TX 75201**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, SEC. DIRECTOR** ☒ Change ☐ Addition
NAME **RODNEY D. MOORE**
STREET ADDRESS **8710 FREEPORT PARKWAY-SUITE 150**
CITY-ST-ZIP **IRVING, TX 75063**

TITLE **TREASURER, DIRECTOR** ☒ Change ☐ Addition
NAME **SUSAN A. BROWN**
STREET ADDRESS **8710 FREEPORT PARKWAY-SUITE 150**
CITY-ST-ZIP **IRVING, TX 75063**

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

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **RICHARD P. PIMSNER**
STREET ADDRESS **8710 FREEPORT PARKWAY-SUITE 150**
CITY-ST-ZIP **IRVING, TX 75063**

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

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

12. 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 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 another like empowered.

SIGNATURE:

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2003

Date

4694991583

Daytime Phone #

CR2E034 (10/02)