

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 817058 (1)

1. Corporation Name

TRANSPORT LIFE INSURANCE COMPANY



Principal Place of Business

714 MAIN STREET  
FORT WORTH TEXAS 76102-2252

Mailing Address

714 MAIN STREET  
FORT WORTH TEXAS 76102-2252

3. Date Incorporated or Qualified

05/04/1963

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

75-0999496

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
200 EAST GAINES ST.  
LARSON BLDG  
TALLAHASSEE FL 32399

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 officer 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 then approval)

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVOG ☐ DELETE  
NAME COLE, T GARY  
STREET ADDRESS 714 MAIN STREET  
CITY-STATE-ZIP FORT WORTH TX

1.1 TITLE DEVPSG ☒ Change ☐ Addition  
1.2 NAME COLE, T. GARY  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE AVPT ☐ DELETE  
NAME KOSS, RONALD P  
STREET ADDRESS 714 MAIN ST  
CITY-STATE-ZIP FT WORTH TX

2.1 TITLE AS ☐ Change ☒ Addition  
2.2 NAME HOLTZCLAW, LHONDA M.  
2.3 STREET ADDRESS 714 MAIN ST.  
2.4 CITY-STATE-ZIP FORT WORTH, TX

TITLE EVP ☐ DELETE  
NAME WORKS, JAMES  
STREET ADDRESS 714 MAIN  
CITY-STATE-ZIP FORT WORTH TX

3.1 TITLE EVP ☐ Change ☒ Addition  
3.2 NAME HOOVER, EARL J. JR.  
3.3 STREET ADDRESS 714 MAIN ST.  
3.4 CITY-STATE-ZIP FORT WORTH, TX 76102

TITLE DVC ☒ DELETE  
NAME FINKEL, PAUL A.  
STREET ADDRESS 714 MAIN ST.  
CITY-STATE-ZIP FORT WORTH TX

4.1 TITLE EVP/CFO ☐ Change ☒ Addition  
4.2 NAME NELSON, A. FOSTER  
4.3 STREET ADDRESS 714 MAIN ST.  
4.4 CITY-STATE-ZIP FORT WORTH, TX 76102

TITLE DCPC ☐ DELETE  
NAME LASATER, GARLAND M  
STREET ADDRESS 714 MAIN ST  
CITY-STATE-ZIP FORT MAIN TX

5.1 TITLE DP ☒ Change ☐ Addition  
5.2 NAME LASATER, GARLAND M.  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE AVPS ☒ DELETE  
NAME MARRAZZO, ROSS A  
STREET ADDRESS 714 MAIN STREET  
CITY-STATE-ZIP FORT WORTH TX

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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: *Lhonda Holtzclaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(817) 390-1978

Day

Daytime Phone

CR2E034 (12/95)