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 # **818191** **(9)**

1. Corporation Name

LOMAS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
1600 VICEROY DR.. 4TH FLOOR ATTN: ROOFNER. BOB DALLAS TX 75235 US	1600 VICEROY DR. 4TH FL ATTN: ROOFNER. BOB DALLAS TX 75235 US

3. Date Incorporated or Qualified: **09/24/1964**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **06-0431730** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	BOOTH, ERIC		12 NAME		
STREET ADDRESS	1600 VICEROY		13 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		14 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	21 TITLE	S	☐ Change ☒ Addition
NAME	CROWSON, JAMES L.		22 NAME	LOUIS P GREGORY	
STREET ADDRESS	1600 VICEROY		23 STREET ADDRESS	1600 VICEROY	
CITY-ST-ZIP	DALLAS, TX 00000		24 CITY-ST-ZIP	DALLAS TEXAS 75235	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WHITE, GARY		32 NAME		
STREET ADDRESS	1600 VICEROY		33 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		34 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SCARBROUGH, STEVEN		42 NAME		
STREET ADDRESS	1600 VICEROY		43 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		44 CITY-ST-ZIP		
TITLE	T	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DENTON, ROBERT		52 NAME		
STREET ADDRESS	1600 VICEROY		53 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		54 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BARNES, JANET		62 NAME		
STREET ADDRESS	1600 VICEROY		63 STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 00000		64 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: STEVEN SCARBROUGH Steven Scarbrough 4/24/96 214-855-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #