

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90033 002 ***150.00

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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # 830530 1. Entity Name RANGER INSURANCE MANAGERS, INC.					
Principal Place of Business 10777 WESTHEIMER POST OFFICE BOX 2807 HOUSTON, TX 77252			Mailing Address 10777 WESTHEIMER POST OFFICE BOX 2807 HOUSTON, TX 77252		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 74-1385078	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEELEY, WESLEY 5205 N O'CONNOR BLVD. IRVING, TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marc J. Adee 10777 Westheimer Rd Houston, TX 77042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEE, MARC J 10777 WESTHEIMER RD. HOUSTON, TX 77042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACKEY, JERRY B 10777 WESTHEIMER HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EPPOLITO, LINDA A 10777 WESTHEIMER RD. HOUSTON, TX 77042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Paul Mundy 10777 Westheimer Rd Houston TX 77042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASSIL, JOHN K 5205 N. O'CONNOR BLVD. IRVING, TX 75039 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dave Green 10777 Westheimer Rd Houston TX 77042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Eileen McCollum 10777 Westheimer Rd Houston, TX 77042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: <i>Eileen McCollum</i> <small>SIGNATURE AND TYPED-OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/4/05</i> Daytime Phone #: <i>713-954-8360</i>			

Fairmont

Specialty Group

a FAIRFAX company

ATTACHMENT

40001647
830530

January 4, 2005

Florida Department of State
Division of Corporations
P. O. Box 6198
Tallahassee, FL 32314

Re: Ranger Insurance Company
Ranger Insurance Managers, Inc.
2005 Annual Report

Dear Sir or Madam:

Enclosed please find completed 2005 Annual Report for the subject companies along with our check in the amount of \$300.00 in payment of the filing fee. (\$150.00 for each company).

Should you need anything further please feel free to contact me at 713-954-8360.

Sincerely,



Eileen McCollum
Corporate Secretary
Ranger Insurance Company and
Ranger Insurance Managers, Inc.

ECM

Enclosures