2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 837343

1. Entity Name
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE MOODY PLAZA GALVESTON, TX 77550 US	ONE MOODY PLAZA GALVESTON, TX 77550 US

03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0994234
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	CD
NAME	FERDINANDTSEN, GEORGE RICHARD
STREET ADDRESS	ONE MOODY PLAZA
CITY-ST-ZIP	GALVESTON, TX
TITLE	PD
NAME	MARTIN, E. HARRISON
STREET ADDRESS	2450 SOUTH SHORE BLVD, SUITE 500
CITY-ST-ZIP	LEAGUE CITY, TX 77573
TITLE	D
NAME	WELCH, RONALD J
STREET ADDRESS	ONE MOODY PLAZA
CITY-ST-ZIP	GALVESTON, TX 77550
TITLE	ST
NAME	FLIPPIN, J. MARK
STREET ADDRESS	ONE MOODY PLAZA
CITY-ST-ZIP	GALVESTON, TX 77550
TITLE	VPCD
NAME	PAVLICEK, S. E
STREET ADDRESS	ONE MOODY PLAZA
CITY-ST-ZIP	GALVESTON, TX 77550
TITLE	AC
NAME	CARLTON, WILLIAM F
STREET ADDRESS	ONE MOODY PLAZA
CITY-ST-ZIP	GALVESTON, TX 77550

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04/25/06-80093-008 150.00

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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: W F Carlton William F. Carlton 4/5/06 (409) 766-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #